#### Case 19-31604-KRH Doc 12 Filed 04/05/19 Entered 04/05/19 12:31:47 Desc Main Document Page 1 of 39

| Fill in this info   | rmation to identify your  | case:              |            |                                      |
|---------------------|---------------------------|--------------------|------------|--------------------------------------|
| Debtor 1            | Lisa M. Brown-Ca          | ımpbell            |            |                                      |
|                     | First Name                | Middle Name        | Last Name  | <br>I                                |
| Debtor 2            |                           |                    |            |                                      |
| (Spouse if, filing) | First Name                | Middle Name        | Last Name  | <br>I                                |
| United States B     | Bankruptcy Court for the: | EASTERN DISTRICT C | F VIRGINIA |                                      |
| Case number         | 19-31604                  |                    |            |                                      |
| (if known)          |                           |                    |            | ☐ Check if this is an amended filing |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

|     |                                                                                                                                                                                                    | Your a      | annata                           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------|
|     |                                                                                                                                                                                                    |             | of what you own                  |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                              | \$          | 263,700.00                       |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$          | 7,652.00                         |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$          | 271,352.00                       |
| Pai | t 2: Summarize Your Liabilities                                                                                                                                                                    |             |                                  |
|     |                                                                                                                                                                                                    |             | i <b>abilities</b><br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 419,937.00                       |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 133.37                           |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$          | 48,586.00                        |
|     | Your total liabilities                                                                                                                                                                             | \$          | 468,656.37                       |
| Par | t 3: Summarize Your Income and Expenses                                                                                                                                                            |             |                                  |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$          | 4,590.67                         |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$          | 4,040.67                         |
| Par | t 4: Answer These Questions for Administrative and Statistical Records                                                                                                                             |             |                                  |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                         |
| 7.  | ■ Yes What kind of debt do you have?                                                                                                                                                               |             |                                  |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Lisa M. Brown-Campbell Case number (if known) 19-31604

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_3,801.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|                                                                                                                              | Total o | claim     |
|------------------------------------------------------------------------------------------------------------------------------|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |         |           |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$      | 133.37    |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$      | 35,077.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$      | 35,210.37 |

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|                     |                                                                  | Document                                                                                                                                                                                      | Page 3 of 39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
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| Fill in this info   | ormation to identify your case                                   | and this filing:                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
| Debtor 1            | Lisa M. Brown-Campb                                              | all                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
| Debior 1            | First Name                                                       | Middle Name                                                                                                                                                                                   | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
| Debtor 2            |                                                                  |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
| (Spouse, if filing) | First Name                                                       | Middle Name                                                                                                                                                                                   | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
| United States       | Bankruptcy Court for the: EAS                                    | TERN DISTRICT OF VIRG                                                                                                                                                                         | INIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
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| Case number         | 19-31604                                                         |                                                                                                                                                                                               | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
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| Official F          | orm 106A/B                                                       |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
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|                     | ule A/B: Propert                                                 |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12/15                                                                                                                                         |
| □ No. Go to I       | or have any legal or equitable inter Part 2. re is the property? | ,,                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
| 1.1                 |                                                                  | What is the propert                                                                                                                                                                           | ty? Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
| 13513 P             | National all C4                                                  | _ 0:                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |
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| Street addre        | ess, if available, or other description                          |                                                                                                                                                                                               | home<br>ılti-unit building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the amount of a                                                                                                                                                                        | ny secured cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | laims on Schedule D:                                                                                                                          |
| Street addre        |                                                                  | Duplex or mu                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the amount of a                                                                                                                                                                        | ny secured cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |
| Street addre        |                                                                  | Duplex or mu Condominium                                                                                                                                                                      | ılti-unit building<br>n or cooperative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | the amount of a                                                                                                                                                                        | ny secured cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | laims on Schedule D:                                                                                                                          |
|                     | ess, if available, or other description                          | Duplex or mu Condominium Manufactured                                                                                                                                                         | ılti-unit building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | the amount of a Creditors Who is                                                                                                                                                       | ny secured cl<br>Have Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | laims on Schedule D:<br>Secured by Property.                                                                                                  |
| Chester             | ess, if available, or other description  VA 23831-0              | Duplex or mu Condominium Manufactured Land                                                                                                                                                    | ulti-unit building<br>n or cooperative<br>d or mobile home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the amount of a Creditors Who is                                                                                                                                                       | ny secured cl<br>Have Claims<br>of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | laims on Schedule D: Secured by Property.  Current value of the portion you own?                                                              |
|                     | ess, if available, or other description                          | Duplex or mu Condominium Manufactured Land Investment p                                                                                                                                       | ulti-unit building<br>n or cooperative<br>d or mobile home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Current value entire property \$263,7                                                                                                                                                  | of the (000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | laims on Schedule D: Secured by Property.  Current value of the portion you own? \$263,700.00                                                 |
| Chester             | ess, if available, or other description  VA 23831-0              | Duplex or mu Condominium Manufactured Land                                                                                                                                                    | ulti-unit building<br>n or cooperative<br>d or mobile home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Current value centire property \$263,7                                                                                                                                                 | of the (0.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | laims on Schedule D: Secured by Property.  Current value of the cortion you own? \$263,700.00  r ownership interest                           |
| Chester             | ess, if available, or other description  VA 23831-0              | Duplex or mu Condominium Manufactured Land Investment p Timeshare Other                                                                                                                       | ulti-unit building<br>n or cooperative<br>d or mobile home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Current value centire property \$263,7                                                                                                                                                 | ny secured of Have Claims of the (?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | laims on Schedule D: Secured by Property.  Current value of the portion you own? \$263,700.00                                                 |
| Chester             | ess, if available, or other description  VA 23831-0              | Duplex or mu Condominium Manufactured Land Investment p Timeshare Other                                                                                                                       | In or cooperative In or mobile home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Current value entire property \$263,7  Describe the n (such as fee si                                                                                                                  | ny secured of Have Claims of the (?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | laims on Schedule D: Secured by Property.  Current value of the cortion you own? \$263,700.00  r ownership interest                           |
| Chester             | r VA 23831-0                                                     | Duplex or mu Condominium Manufactured Land Investment p Timeshare Other Who has an interes                                                                                                    | Inti-unit building In or cooperative In or mobile home In or mobile home In or mobile home In or mobile home It in the property? Check one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Current value entire property \$263,7  Describe the n (such as fee si a life estate), if                                                                                               | ny secured of Have Claims of the (?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | laims on Schedule D: Secured by Property.  Current value of the cortion you own? \$263,700.00  r ownership interest                           |
| Chester City        | r VA 23831-0                                                     | Duplex or mu Condominium Manufactured Land Investment p Timeshare Other Who has an interes Debtor 1 only Debtor 2 only                                                                        | Inti-unit building In or cooperative In or mobile home In or mobile home In or mobile home In or mobile home It in the property? Check one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Current value entire property \$263,7  Describe the n (such as fee si a life estate), if                                                                                               | of the Control of the | laims on Schedule D: Secured by Property.  Current value of the portion you own? \$263,700.00  In ownership interest cy by the entireties, or |
| Chester Chester     | r VA 23831-0                                                     | Duplex or mu Condominium  Manufactured  Investment p Timeshare Other  Who has an interes Debtor 1 only Debtor 2 only Debtor 1 and                                                             | Inti-unit building In or cooperative In or mobile home Introperty In the property? Check one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Current value entire property \$263,7  Describe the n (such as fee si a life estate), if                                                                                               | of the Control of the | laims on Schedule D: Secured by Property.  Current value of the cortion you own? \$263,700.00  r ownership interest                           |
| Chester Chester     | r VA 23831-0                                                     | Duplex or mu Condominium  Manufactured  Investment p Timeshare Other  Who has an interes Debtor 1 only Debtor 2 only At least one of                                                          | In or cooperative In or mobile home In or mobile home In operty In the property? Check one In operation of the debtors and another In our wish to add about this itel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Current value dentire property \$263,7  Describe the n (such as fee si a life estate), if  Solefemme                                                                                   | of the Control of the | laims on Schedule D: Secured by Property.  Current value of the portion you own? \$263,700.00  In ownership interest cy by the entireties, or |
| Chester Chester     | r VA 23831-0                                                     | Duplex or mu Condominium  Manufactured  Investment p Timeshare Other  Who has an interes Debtor 1 only Debtor 1 and At least one of                                                           | In or cooperative In or mobile home In or mobile home In operty In the property? Check one In operation of the debtors and another In our wish to add about this itel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Current value dentire property \$263,7  Describe the n (such as fee si a life estate), if  Solefemme                                                                                   | of the Control of the | laims on Schedule D: Secured by Property.  Current value of the portion you own? \$263,700.00  In ownership interest cy by the entireties, or |
| Chester Chester     | r VA 23831-0                                                     | Duplex or mu Condominium  Manufactured  Investment p Timeshare Other  Who has an interes Debtor 1 only Debtor 2 only At least one of                                                          | In or cooperative In or mobile home In or mobile home In operty In the property? Check one In operation of the debtors and another In our wish to add about this itel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Current value dentire property \$263,7  Describe the n (such as fee si a life estate), if  Solefemme                                                                                   | of the Control of the | laims on Schedule D: Secured by Property.  Current value of the portion you own? \$263,700.00  In ownership interest cy by the entireties, or |
| Chester Chester     | r VA 23831-0                                                     | Duplex or mu Condominium  Manufactured  Investment p Timeshare Other  Who has an interes Debtor 1 only Debtor 2 only At least one of                                                          | In or cooperative In or mobile home In or mobile home In operty In the property? Check one In operation of the debtors and another In our wish to add about this itel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Current value dentire property \$263,7  Describe the n (such as fee si a life estate), if  Solefemme                                                                                   | of the Control of the | laims on Schedule D: Secured by Property.  Current value of the portion you own? \$263,700.00  In ownership interest cy by the entireties, or |
| Chester County      | r VA 23831-0                                                     | Duplex or mu Condominium  Manufactured Land Investment p Timeshare Other Who has an interes Debtor 1 only Debtor 2 only Debtor 1 and At least one of Other information y property identificat | Inti-unit building In or cooperative In or mobile home Introduction to the property? Check one Introduction to the property? C | Current value of a Creditors Who I Current value of entire property \$263,7  Describe the n (such as fee si a life estate), if Solefemme  Check if the (see instruction, such as local | of the Control of the | laims on Schedule D: Secured by Property.  Current value of the portion you own? \$263,700.00  In ownership interest cy by the entireties, or |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| Deb           | otor 1 L                                      | isa M. Brown-Campbell                                                                                |                                                                                                                         | Case number (if known)        | 19-31604                                                                                    |
|---------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------|
| 3. <b>C</b>   | ars, vans,                                    | trucks, tractors, sport utility                                                                      | vehicles, motorcycles                                                                                                   |                               |                                                                                             |
| _             |                                               |                                                                                                      |                                                                                                                         |                               |                                                                                             |
| Ц             | l No                                          |                                                                                                      |                                                                                                                         |                               |                                                                                             |
| -             | Yes                                           |                                                                                                      |                                                                                                                         |                               |                                                                                             |
|               |                                               | 1.0.14                                                                                               |                                                                                                                         | Do not dodust oper            | ured claims or exemptions. But                                                              |
| 3.1           | Make:                                         | Infiniti                                                                                             | Who has an interest in the property? Check one                                                                          |                               | ured claims or exemptions. Put secured claims on Schedule D:                                |
|               | Model:                                        |                                                                                                      | Debtor 1 only                                                                                                           | Creditors Who Have            | ve Claims Secured by Property.                                                              |
|               | Year:                                         | 1999                                                                                                 | _ Debtor 2 only                                                                                                         | Current value of t            |                                                                                             |
|               | • •                                           | mate mileage:                                                                                        | Debtor 1 and Debtor 2 only                                                                                              | entire property?              | portion you own?                                                                            |
|               |                                               | formation:                                                                                           | At least one of the debtors and another                                                                                 |                               |                                                                                             |
|               | registe                                       | e is inoperable and not<br>ered.                                                                     | Check if this is community property (see instructions)                                                                  | \$300                         | .00 \$300.00                                                                                |
| 5 <i>A</i> .p | No I Yes Add the do pages you 3: Descri       | ollar value of the portion you o<br>have attached for Part 2. Writ<br>be Your Personal and Household | watercraft, fishing vessels, snowmobiles, motorcy  own for all of your entries from Part 2, including that number here  | ng any entries for            | \$300.00  Current value of the portion you own? Do not deduct secured claims or exemptions. |
|               |                                               |                                                                                                      | ns, china, kitchenware household items                                                                                  |                               | \$1,000.00                                                                                  |
| <i>E</i>      | lectronics<br>Examples:<br>I No<br>I Yes. De  | Televisions and radios; audio, v including cell phones, cameras                                      | ideo, stereo, and digital equipment; computers, p<br>, media players, games<br>ectronics (televisions, cellphones, comp |                               | ollections; electronic devices \$2,000.00                                                   |
| E             | ollectibles<br>Examples:<br>■ No<br>] Yes. De | Antiques and figurines; painting other collections, memorabilia,                                     | s, prints, or other artwork; books, pictures, or othe collectibles                                                      | er art objects; stamp, coin,  | or baseball card collections;                                                               |
| E             |                                               | musical instruments                                                                                  | and other hobby equipment; bicycles, pool tables                                                                        | s, golf clubs, skis; canoes a | and kayaks; carpentry tools;                                                                |
| _             | Firearms Examples                             | : Pistols, rifles, shotguns, ammu                                                                    | inition, and related equipment                                                                                          |                               |                                                                                             |

Official Form 106A/B Schedule A/B: Property page 2

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| De | ebtor 1                   | Lisa M. Brown-Camp                                   | bell                  | Case number (                                                                                                        | if known)   | 19-31604                                                                          |
|----|---------------------------|------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------|
|    | ☐ Yes.                    | Describe                                             |                       |                                                                                                                      |             |                                                                                   |
|    | Clothe<br>Examµ<br>□ No   |                                                      | s, leather coats, des | igner wear, shoes, accessories                                                                                       |             |                                                                                   |
|    | Yes.                      | Describe                                             |                       |                                                                                                                      |             |                                                                                   |
|    |                           | Clothe                                               | s, shoes, access      | ories                                                                                                                |             | \$2,000.00                                                                        |
|    | □ No                      | •                                                    | tume jewelry, engaξ   | gement rings, wedding rings, heirloom jewelry, watches                                                               | , gems, g   | old, silver                                                                       |
|    |                           | Weddi                                                | ng band and Enឲ       | gagment Ring                                                                                                         |             | \$500.00                                                                          |
|    |                           | Misc fa                                              | ashion jewelry        |                                                                                                                      |             | \$40.00                                                                           |
|    | Exam <sub>i</sub><br>■ No | arm animals  ples: Dogs, cats, birds, hore  Describe | ses                   |                                                                                                                      |             |                                                                                   |
|    | ■ No                      | ther personal and househ                             | -                     | not already list, including any health aids you did n                                                                | ot list     | 1                                                                                 |
| 15 |                           | _                                                    |                       | art 3, including any entries for pages you have attac                                                                | hed         | \$5,540.00                                                                        |
|    |                           | scribe Your Financial Assets                         |                       |                                                                                                                      |             |                                                                                   |
| Do | you ov                    | wn or have any legal or ed                           | quitable interest in  | any of the following?                                                                                                |             | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|    | □ No                      | oles: Money you have in yo                           | -                     | me, in a safe deposit box, and on hand when you file y                                                               | our petitio | on                                                                                |
|    |                           |                                                      |                       | Cash                                                                                                                 |             | \$200.00                                                                          |
|    | Exam <sub>l</sub><br>□ No |                                                      |                       | ounts; certificates of deposit; shares in credit unions, browith the same institution, list each.  Institution name: | okerage h   | nouses, and other similar                                                         |
|    |                           | 17.1.                                                | Checking              | Navy Federal Credit Union                                                                                            |             | \$0.00                                                                            |
|    |                           | 17.2.                                                | Savings               | Navy Federal Credit Union                                                                                            |             | \$5.00                                                                            |
|    |                           | 17.3.                                                | checking              | Suntrust checking for Pace Called Hom                                                                                | e LLC       | \$0.00                                                                            |
|    |                           |                                                      |                       |                                                                                                                      |             |                                                                                   |

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Case number (if known) 19-31604 Debtor 1 Lisa M. Brown-Campbell Navy FCU for LCB LLC \$107.00 17.4. checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.  $\hfill \square$  Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. .... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you?

Official Form 106A/B Schedule A/B: Property page 4

**portion you own?**Do not deduct secured claims or exemptions.

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Lisa M. Brown-Campbell Case number (if known) 19-31604

28. Tax refunds owed to you

| 28 | . Tax refunds owed to you  ■ No □ Yes. Give specific information about                                                                                                               | ut them, including whether you already      | filed the returns and the tax years          |                            |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|----------------------------|--|--|--|
| 29 | Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  ■ No  □ Yes. Give specific information |                                             |                                              |                            |  |  |  |
| 30 | Other amounts someone owes you  Examples: Unpaid wages, disability benefits; unpaid loans yo  ■ No  □ Yes. Give specific information                                                 |                                             | s, sick pay, vacation pay, workers' compe    | nsation, Social Security   |  |  |  |
| 31 | Interests in insurance policies  Examples: Health, disability, or life in                                                                                                            | nsurance; health savings account (HSA       | A); credit, homeowner's, or renter's insural | nce                        |  |  |  |
|    | ☐ Yes. Name the insurance company                                                                                                                                                    | of each policy and list its value. ny name: | Beneficiary:                                 | Surrender or refund value: |  |  |  |
|    | someone has died.  ■ No □ Yes. Give specific information  Claims against third parties, wheth                                                                                        | rust, expect proceeds from a life insura    |                                              | eive property because      |  |  |  |
|    |                                                                                                                                                                                      | Wrongful Death and Medical I<br>husband     | Malpractice claim for deceased               | Unknown                    |  |  |  |
| 34 | Other contingent and unliquidated     No     □ Yes. Describe each claim                                                                                                              | claims of every nature, including co        | ounterclaims of the debtor and rights to     | o set off claims           |  |  |  |
| 35 | <ul><li>Any financial assets you did not al</li><li>■ No</li><li>□ Yes. Give specific information</li></ul>                                                                          | ready list                                  |                                              |                            |  |  |  |
| 36 | 6. Add the dollar value of all of your for Part 4. Write that number here                                                                                                            | entries from Part 4, including any e        |                                              | \$312.00                   |  |  |  |
| Pa | art 5: Describe Any Business-Related Pr                                                                                                                                              | operty You Own or Have an Interest In. L    | ist any real estate in Part 1.               |                            |  |  |  |
|    | Do you own or have any legal or equital  ☐ No. Go to Part 6.  ☐ Yes. Go to line 38.                                                                                                  | ole interest in any business-related prope  | erty?                                        |                            |  |  |  |
|    | — 133. 30 to fille 30.                                                                                                                                                               |                                             |                                              | Current value of the       |  |  |  |

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

■ No

Official Form 106A/B Schedule A/B: Property page 5

Doc 12 Filed 04/05/19 Case 19-31604-KRH Entered 04/05/19 12:31:47 Desc Main Page 8 of 39 Document Case number (if known) 19-31604 Debtor 1 Lisa M. Brown-Campbell ☐ Yes. Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ■ No ☐ Yes. Describe..... 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade □ No ■ Yes. Describe..... \$500.00 Furniture, supplies, equipment for A Place Called Home, LLC 1999 Ford E250 Cargo Van - 200,000 plus miles on vehicle - vehicle \$1,000.00 was used for LCB Enterprise, LLC 41. Inventory ■ No ☐ Yes. Describe..... 42. Interests in partnerships or joint ventures ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations No. ☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ■ No ☐ Yes. Describe..... 44. Any business-related property you did not already list ■ No ☐ Yes. Give specific information....... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$1,500.00 for Part 5. Write that number here.....

Part 6:

Part 7:

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

Describe All Property You Own or Have an Interest in That You Did Not List Above

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

☐ Yes. Give specific information.......

page 6

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Debtor 1 Case number (if known) 19-31604 Lisa M. Brown-Campbell 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 ...... \$263,700.00 56. Part 2: Total vehicles, line 5 \$300.00 Part 3: Total personal and household items, line 15 57. \$5,540.00 Part 4: Total financial assets, line 36 58. \$312.00 59. Part 5: Total business-related property, line 45 \$1,500.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$7,652.00 Copy personal property total \$7,652.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$271,352.00

Official Form 106A/B Schedule A/B: Property page 7

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| Fill in this infor  | mation to identify your  | case:              | ./         |  |
|---------------------|--------------------------|--------------------|------------|--|
| Debtor 1            | Lisa M. Brown-Ca         | ampbell            |            |  |
|                     | First Name               | Middle Name        | Last Name  |  |
| Debtor 2            |                          |                    |            |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name  |  |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F VIRGINIA |  |
| Case number         | 19-31604                 |                    |            |  |
| (if known)          |                          |                    |            |  |
|                     |                          |                    |            |  |

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |                                                                 | Specific laws that allow exemption |
|----------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------------------------------------|------------------------------------|
|                                                                                        | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |
| 1999 Infiniti<br>Vehicle is inoperable and not                                         | \$300.00                             |                                   | \$300.00                                                        | Va. Code Ann. § 34-26(8)           |
| registered. Line from Schedule A/B: 3.1                                                |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Furniture and household items Line from Schedule A/B: 6.1                              | \$1,000.00                           |                                   | \$1,000.00                                                      | Va. Code Ann. § 34-26(4a)          |
| Line Horri Schedule A/B. 0.1                                                           |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Household electronics (televisions, cellphones, computers)                             | \$2,000.00                           |                                   | \$2,000.00                                                      | Va. Code Ann. § 34-26(4a)          |
| Line from Schedule A/B: <b>7.1</b>                                                     |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothes, shoes, accessories                                                            | \$2,000.00                           | •                                 | \$1,000.00                                                      | Va. Code Ann. § 34-26(4)           |
| Line Holli Schedule AVD. 1111                                                          |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothes, shoes, accessories                                                            | \$2,000.00                           |                                   | \$1,000.00                                                      | Va. Code Ann. § 34-4               |
| LINE HOLL SCHEUUIE AVD. 11.1                                                           |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

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| Brief description of the property and line on<br>Schedule A/B that lists this property |                                                                                    | Current value of the portion you own | Amount of the exemption you claim |                                                                 | Specific laws that allow exemption |  |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------------------------------------|------------------------------------|--|
|                                                                                        |                                                                                    | Copy the value from<br>Schedule A/B  | Che                               | eck only one box for each exemption.                            |                                    |  |
|                                                                                        | Wedding band and Engagment Ring Line from Schedule A/B: 12.1                       | \$500.00                             |                                   | \$500.00                                                        | Va. Code Ann. § 34-26(1a)          |  |
|                                                                                        | Zino nom osinodalo / v Zin                                                         |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|                                                                                        | Misc fashion jewelry Line from Schedule A/B: 12.2                                  | \$40.00                              |                                   | \$40.00                                                         | Va. Code Ann. § 34-4               |  |
|                                                                                        | Elle Holli ochedale Adb. 12.2                                                      |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|                                                                                        | Cash Line from Schedule A/B: 16.1                                                  | \$200.00                             |                                   | \$200.00                                                        | Va. Code Ann. § 34-4               |  |
|                                                                                        | Elle Holli ochledate AVB. 10.1                                                     |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|                                                                                        | Savings: Navy Federal Credit Union Line from Schedule A/B: 17.2                    | \$5.00                               |                                   | \$5.00                                                          | Va. Code Ann. § 34-4               |  |
|                                                                                        | Line Iron Schedule A.D. 17-2                                                       |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|                                                                                        | checking: Navy FCU for LCB LLC Line from Schedule A/B: 17.4                        | \$107.00                             |                                   | \$107.00                                                        | Va. Code Ann. § 34-4               |  |
|                                                                                        | Elle Holli Genedale Av.B. 1114                                                     |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|                                                                                        | Furniture, supplies, equipment for A Place Called Home, LLC                        | \$500.00                             |                                   | \$500.00                                                        | Va. Code Ann. § 34-4               |  |
|                                                                                        | Line from Schedule A/B: 40.1                                                       |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|                                                                                        | 1999 Ford E250 Cargo Van - 200,000 plus miles on vehicle - vehicle was             | \$1,000.00                           |                                   | \$1,000.00                                                      | Va. Code Ann. § 34-4               |  |
|                                                                                        | used for LCB Enterprise, LLC<br>Line from Schedule A/B: 40.2                       |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 3.                                                                                     | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every |                                      |                                   | led on or after the date of adjustme                            | nt.)                               |  |
|                                                                                        | Yes. Did you acquire the property covered                                          | ed by the exemption wi               | thin 1                            | ,215 days before you filed this case                            | ?                                  |  |
|                                                                                        | □ No □ Yes                                                                         |                                      |                                   |                                                                 |                                    |  |

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|                                             | Document F                                                                                                                                               | age 12 (        | of 39                                    |                                              |                             |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------|----------------------------------------------|-----------------------------|
| Fill in this information to identify ye     | our case:                                                                                                                                                |                 |                                          |                                              |                             |
| Debtor 1 Lisa M. Brown                      | -Campbell                                                                                                                                                |                 |                                          |                                              |                             |
| First Name                                  | •                                                                                                                                                        | ast Name        |                                          |                                              |                             |
| Debtor 2<br>(Spouse if, filing) First Name  | Middle Name L                                                                                                                                            | ast Name        |                                          |                                              |                             |
| United States Bankruptcy Court for th       | e: EASTERN DISTRICT OF VIRGIN                                                                                                                            | IA              |                                          |                                              |                             |
| Case number 19-31604                        |                                                                                                                                                          |                 |                                          |                                              |                             |
| (if known)                                  |                                                                                                                                                          |                 |                                          | _                                            | if this is an<br>led filing |
| Official Form 106D                          |                                                                                                                                                          |                 |                                          |                                              | _                           |
|                                             |                                                                                                                                                          |                 |                                          |                                              |                             |
| Schedule D: Creditor                        | s Who Have Claims Se                                                                                                                                     | ecured          | by Propert                               | <u>y                                    </u> | 12/15                       |
|                                             | e. If two married people are filing together, it out, number the entries, and attach it to t                                                             |                 |                                          |                                              |                             |
| 1. Do any creditors have claims secured     | by your property?                                                                                                                                        |                 |                                          |                                              |                             |
| ☐ No. Check this box and submi              | t this form to the court with your other sc                                                                                                              | hedules. You    | have nothing else t                      | o report on this form.                       |                             |
| Yes. Fill in all of the informatio          | n helow                                                                                                                                                  |                 | · ·                                      | ·                                            |                             |
|                                             | in bolow.                                                                                                                                                |                 |                                          |                                              |                             |
| Part 1: List All Secured Claims             |                                                                                                                                                          |                 | Column A                                 | Column B                                     | Column C                    |
| for each claim. If more than one creditor h | s more than one secured claim, list the creditor<br>as a particular claim, list the other creditors in<br>etical order according to the creditor's name. |                 | Amount of claim Do not deduct the        | Value of collateral that supports this       | Unsecured portion           |
| 2.1 Rushmore Loan Mgt                       | Describe the property that secures the                                                                                                                   | claim:          | value of collateral. <b>\$417,737.00</b> | claim<br>\$263,700.00                        | If any \$154,037.00         |
| Creditor's Name                             | 13513 Prindell Ct Chester, VA<br>Chesterfield County                                                                                                     |                 | Ψ+17,757.50                              | <u> </u>                                     | <u> </u>                    |
| 15480 Laguna Canyon Rd<br>Irvine, CA 92618  | As of the date you file, the claim is: Che apply.  Contingent                                                                                            | eck all that    |                                          |                                              |                             |
| Number, Street, City, State & Zip Code      | Unliquidated                                                                                                                                             |                 |                                          |                                              |                             |
| Who owes the debt? Check one.               | ☐ Disputed  Nature of lien. Check all that apply.                                                                                                        |                 |                                          |                                              |                             |
| ■ Debtor 1 only                             | ■ An agreement you made (such as mo                                                                                                                      | rtgage or secur | red                                      |                                              |                             |
| Debtor 2 only                               | car loan)                                                                                                                                                | - <del>-</del>  |                                          |                                              |                             |
| ☐ Debtor 1 and Debtor 2 only                | ☐ Statutory lien (such as tax lien, mecha                                                                                                                | nic's lien)     |                                          |                                              |                             |
| ☐ At least one of the debtors and another   | ☐ Judgment lien from a lawsuit                                                                                                                           |                 |                                          |                                              |                             |

 $\square$  Check if this claim relates to a

community debt Date debt was incurred ☐ Other (including a right to offset)

Last 4 digits of account number

3551

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| Debtor 1 Lisa M. Brown-Campbell |                                                                    |                                                                                                                                                                       | Case number (if known)            | 19-31604                    |             |  |
|---------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|-------------|--|
|                                 | First Name Middle N                                                | ame Last Name                                                                                                                                                         |                                   |                             |             |  |
| 2.2                             | The Villages of Long<br>Meadow As                                  | Describe the property that secures the claim:                                                                                                                         | \$2,200.00                        | \$263,700.00                | \$2,200.00  |  |
|                                 | Creditor's Name                                                    | 13513 Prindell Ct Chester, VA 2383 Chesterfield County                                                                                                                | 1                                 |                             |             |  |
|                                 | 1904 Byrd Avenue, Suite<br>100<br>Richmond, VA 23230               | As of the date you file, the claim is: Check all the apply.  Contingent                                                                                               | nat                               |                             |             |  |
| -                               | Number, Street, City, State & Zip Code                             | ☐ Unliquidated ☐ Disputed                                                                                                                                             |                                   |                             |             |  |
| Who                             | owes the debt? Check one.                                          | Nature of lien. Check all that apply.                                                                                                                                 |                                   |                             |             |  |
| _                               | ebtor 1 only<br>ebtor 2 only                                       | ☐ An agreement you made (such as mortgage car loan)                                                                                                                   | or secured                        |                             |             |  |
|                                 | ebtor 1 and Debtor 2 only                                          | ☐ Statutory lien (such as tax lien, mechanic's lie                                                                                                                    | en)                               |                             |             |  |
| ☐ At                            | least one of the debtors and another                               | Judgment lien from a lawsuit                                                                                                                                          |                                   |                             |             |  |
|                                 | heck if this claim relates to a ommunity debt                      | Other (including a right to offset)                                                                                                                                   |                                   |                             |             |  |
| Date                            | debt was incurred 2017                                             | Last 4 digits of account number 46                                                                                                                                    | 600                               |                             |             |  |
|                                 |                                                                    |                                                                                                                                                                       |                                   |                             |             |  |
|                                 |                                                                    | olumn A on this page. Write that number here:                                                                                                                         | \$419,937                         | 7.00                        |             |  |
|                                 | is is the last page of your form, add te that number here:         | the dollar value totals from all pages.                                                                                                                               | \$419,937                         | 7.00                        |             |  |
| ••••                            |                                                                    |                                                                                                                                                                       |                                   |                             |             |  |
| Part                            | 2: List Others to Be Notified for                                  | r a Debt That You Already Listed                                                                                                                                      |                                   |                             |             |  |
| trying<br>than                  | to collect from you for a debt you o                               | e notified about your bankruptcy for a debt tha<br>we to someone else, list the creditor in Part 1,<br>you listed in Part 1, list the additional creditor<br>is page. | and then list the collection ag   | ency here. Similarly, if yo | u have more |  |
|                                 | Name, Number, Street, City, State & Lafayette, Ayers & Whitlock    |                                                                                                                                                                       | n which line in Part 1 did you en | ter the creditor? 2.2       |             |  |
|                                 | 10160 Staples Mill Road<br>Ste 105<br>Glen Allen, VA 23060         | •                                                                                                                                                                     | ast 4 digits of account number _  | _                           |             |  |
|                                 | Name, Number, Street, City, State & 2<br>Samuel I. White, PC       | Zip Code O                                                                                                                                                            | n which line in Part 1 did you en | ter the creditor? 2.1       |             |  |
|                                 | 5040 Corporate Woods Driv<br>Suite 120<br>Virginia Beach, VA 23462 | <b>re</b> La                                                                                                                                                          | ast 4 digits of account number _  | _                           |             |  |

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|                            |                                                                    |                                                                                                                                                                                                                  | Document                                                                                   | . Page                                               | 14 01 3                        | 9                                                 |                                       |                                   |
|----------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------|---------------------------------------------------|---------------------------------------|-----------------------------------|
| Fil                        | l in this infor                                                    | mation to identify your case:                                                                                                                                                                                    |                                                                                            |                                                      |                                |                                                   |                                       |                                   |
| De                         | ebtor 1                                                            | Lisa M. Brown-Campbe                                                                                                                                                                                             | ell                                                                                        |                                                      |                                |                                                   |                                       |                                   |
|                            |                                                                    | First Name                                                                                                                                                                                                       | Middle Name                                                                                | Last Nam                                             | е                              | _                                                 |                                       |                                   |
|                            | ebtor 2<br>ouse if, filing)                                        | First Name                                                                                                                                                                                                       | Middle Name                                                                                | Last Nam                                             | e                              |                                                   |                                       |                                   |
| Un                         | ited States Ba                                                     | ankruptcy Court for the: EAS                                                                                                                                                                                     | TERN DISTRICT OF                                                                           | VIRGINIA                                             |                                |                                                   |                                       |                                   |
|                            |                                                                    |                                                                                                                                                                                                                  |                                                                                            |                                                      |                                | _                                                 |                                       |                                   |
|                            | nse number<br>nown)                                                | 19-31604                                                                                                                                                                                                         |                                                                                            |                                                      |                                |                                                   | _                                     | t if this is an<br>ded filing     |
|                            | £: -: - 1                                                          | 400E/E                                                                                                                                                                                                           |                                                                                            |                                                      |                                |                                                   |                                       |                                   |
|                            |                                                                    | <u>m 106E/F</u><br>=/F: Craditora Wha I                                                                                                                                                                          | Jove Unecess                                                                               | ad Claim                                             | _                              |                                                   |                                       | 12/15                             |
|                            |                                                                    | E/F: Creditors Who Find accurate as possible. Use Part 1                                                                                                                                                         |                                                                                            |                                                      |                                | v oveditove with NON                              | DDIODITY eleime I                     |                                   |
| Sch<br>Sch<br>left.<br>nan | edule G: Exec<br>edule D: Credi<br>Attach the Co<br>ne and case nu | ntracts or unexpired leases that co<br>utory Contracts and Unexpired Le-<br>itors Who Have Claims Secured by<br>ntinuation Page to this page. If yo<br>umber (if known).<br>All of Your PRIORITY Unsecure        | ases (Official Form 106<br>Property. If more spac<br>u have no information t               | G). Do not inclue is needed, co                      | ude any creo<br>py the Part    | ditors with partially s<br>you need, fill it out, | ecured claims that number the entries | are listed in in the boxes on the |
| 1.                         |                                                                    | tors have priority unsecured claim                                                                                                                                                                               | s against you?                                                                             |                                                      |                                |                                                   |                                       |                                   |
|                            | ☐ No. Go to                                                        | Part 2.                                                                                                                                                                                                          |                                                                                            |                                                      |                                |                                                   |                                       |                                   |
|                            | Yes.                                                               |                                                                                                                                                                                                                  |                                                                                            |                                                      |                                |                                                   |                                       |                                   |
| 2.                         | identify what to<br>possible, list the<br>Part 1. If more          | ur priority unsecured claims. If a cr<br>ype of claim it is. If a claim has both p<br>he claims in alphabetical order accor<br>e than one creditor holds a particular<br>nation of each type of claim, see the i | oriority and nonpriority and<br>ding to the creditor's nam<br>claim, list the other credit | nounts, list that one. If you have notors in Part 3. | claim here an<br>nore than two | nd show both priority a                           | nd nonpriority amour                  | nts. As much as                   |
|                            | 7 -                                                                |                                                                                                                                                                                                                  |                                                                                            |                                                      |                                |                                                   | amount                                | amount                            |
| 2.1                        |                                                                    | y of Chesterfield<br>reditor's Name                                                                                                                                                                              | Last 4 digits of ac                                                                        | count number                                         | 3002                           | \$133.37                                          | \$0.00                                | \$133.37                          |
|                            | Treasu<br>Po Box                                                   | ırer                                                                                                                                                                                                             | When was the de                                                                            | bt incurred?                                         | 10/2007                        |                                                   |                                       |                                   |
|                            |                                                                    | Street City State Zip Code                                                                                                                                                                                       | As of the date you                                                                         | u file, the claim                                    | is: Check a                    | II that apply                                     |                                       |                                   |
|                            | Who incurre                                                        | ed the debt? Check one.                                                                                                                                                                                          | ☐ Contingent                                                                               |                                                      |                                |                                                   |                                       |                                   |
|                            | Debtor 1                                                           | only                                                                                                                                                                                                             | Unliquidated                                                                               |                                                      |                                |                                                   |                                       |                                   |
|                            | Debtor 2                                                           | only                                                                                                                                                                                                             | ☐ Disputed                                                                                 |                                                      |                                |                                                   |                                       |                                   |
|                            | Debtor 1                                                           | and Debtor 2 only                                                                                                                                                                                                | Type of PRIORITY                                                                           | unsecured cla                                        | aim:                           |                                                   |                                       |                                   |
|                            | ☐ At least o                                                       | one of the debtors and another                                                                                                                                                                                   | ☐ Domestic supp                                                                            | ort obligations                                      |                                |                                                   |                                       |                                   |
|                            | ☐ Check if                                                         | this claim is for a community deb                                                                                                                                                                                | t Taxes and cert                                                                           | ain other debts                                      | you owe the                    | government                                        |                                       |                                   |
|                            | Is the claim                                                       | subject to offset?                                                                                                                                                                                               | Claims for deat                                                                            | h or personal in                                     | jury while yo                  | u were intoxicated                                |                                       |                                   |
|                            | ■ No                                                               |                                                                                                                                                                                                                  | ☐ Other. Specify                                                                           |                                                      |                                |                                                   |                                       | =                                 |
|                            | ☐ Yes                                                              |                                                                                                                                                                                                                  |                                                                                            | 13513 Prin<br>County                                 | dell Ct C                      | hester, VA 2383                                   | I Chesterfield                        |                                   |
| Pa                         | rt 2: List A                                                       | All of Your NONPRIORITY Uns                                                                                                                                                                                      | ecured Claims                                                                              |                                                      |                                |                                                   |                                       |                                   |
| 3.                         | Do any credit                                                      | tors have nonpriority unsecured cl                                                                                                                                                                               | aims against you?                                                                          |                                                      |                                |                                                   |                                       |                                   |
|                            | ☐ No. You ha                                                       | ave nothing to report in this part. Sub                                                                                                                                                                          | mit this form to the court                                                                 | with your other                                      | schedules.                     |                                                   |                                       |                                   |
|                            | Yes.                                                               |                                                                                                                                                                                                                  |                                                                                            |                                                      |                                |                                                   |                                       |                                   |
| 4.                         | unsecured cla                                                      | ur nonpriority unsecured claims in im, list the creditor separately for each itor holds a particular claim, list the o                                                                                           | ch claim. For each claim                                                                   | listed, identify w                                   | hat type of cl                 | aim it is. Do not list cla                        | ims already included                  | I in Part 1. If more              |

Total claim

Part 2.

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Debtor 1 Lisa M. Brown-Campbell Case number (if known) 19-31604 4.1 \$441.00 **Capital One** Last 4 digits of account number 8519 Nonpriority Creditor's Name Attn: Bankruptcy Dept When was the debt incurred? 2017 PO Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.2 **Dept Of Ed/navient** Last 4 digits of account number 0906 \$35,077.00 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 2011 Wilkes Barre, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify **Student Loans** 4.3 James River Emergency Group Last 4 digits of account number **SEVERAL** \$1,212.00 Nonpriority Creditor's Name 411 W Randolph Rd When was the debt incurred? Hopewell, VA 23860 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Services ☐ Yes

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| Debto          | <sup>r 1</sup> Lisa M. Brown-Campbell                                                      | Case number (if known) 19-31604                                                                                                                                                                                                                                                                               |                      |  |  |  |  |  |  |
|----------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|--|--|--|--|--|
| 4.4            | Santander Consumer Nonpriority Creditor's Name                                             | Last 4 digits of account number                                                                                                                                                                                                                                                                               | \$9,414.00           |  |  |  |  |  |  |
|                | PO Box 961245 Fort Worth, TX 76161                                                         | When was the debt incurred?                                                                                                                                                                                                                                                                                   |                      |  |  |  |  |  |  |
|                | Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                   |                      |  |  |  |  |  |  |
|                | Debtor 1 only                                                                              | ☐ Contingent                                                                                                                                                                                                                                                                                                  |                      |  |  |  |  |  |  |
|                | Debtor 2 only                                                                              | ☐ Unliquidated                                                                                                                                                                                                                                                                                                |                      |  |  |  |  |  |  |
|                | ☐ Debtor 1 and Debtor 2 only                                                               | ☐ Disputed                                                                                                                                                                                                                                                                                                    |                      |  |  |  |  |  |  |
|                | $\square$ At least one of the debtors and another                                          | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                          |                      |  |  |  |  |  |  |
|                | Check if this claim is for a community                                                     | Student loans                                                                                                                                                                                                                                                                                                 |                      |  |  |  |  |  |  |
|                | debt Is the claim subject to offset?                                                       | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                                                                                                                     |                      |  |  |  |  |  |  |
|                | ■ No                                                                                       | ☐ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                           |                      |  |  |  |  |  |  |
|                | Yes                                                                                        | Other. Specify Auto Loan Deficiency                                                                                                                                                                                                                                                                           |                      |  |  |  |  |  |  |
| 4.5            | Tempoe Finance                                                                             | Last 4 digits of account number 2555                                                                                                                                                                                                                                                                          | \$864.00             |  |  |  |  |  |  |
|                | Nonpriority Creditor's Name 1750 Elm Street Ste 1200                                       | When was the debt incurred? 2018                                                                                                                                                                                                                                                                              |                      |  |  |  |  |  |  |
|                | Manchester, NH 03104  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                   |                      |  |  |  |  |  |  |
|                | ■ Debtor 1 only                                                                            | ☐ Contingent                                                                                                                                                                                                                                                                                                  |                      |  |  |  |  |  |  |
|                | Debtor 2 only                                                                              | ☐ Unliquidated                                                                                                                                                                                                                                                                                                |                      |  |  |  |  |  |  |
|                | ☐ Debtor 1 and Debtor 2 only                                                               | Disputed                                                                                                                                                                                                                                                                                                      |                      |  |  |  |  |  |  |
|                | ☐ At least one of the debtors and another                                                  | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                          |                      |  |  |  |  |  |  |
|                | ☐ Check if this claim is for a community                                                   | ☐ Student loans                                                                                                                                                                                                                                                                                               |                      |  |  |  |  |  |  |
|                | debt Is the claim subject to offset?                                                       | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                                                                                                                     |                      |  |  |  |  |  |  |
|                | ■ No                                                                                       | ☐ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                           |                      |  |  |  |  |  |  |
|                | ☐ Yes                                                                                      | Other. Specify                                                                                                                                                                                                                                                                                                |                      |  |  |  |  |  |  |
| 4.6            | Virginia Emer Phys LLP                                                                     | Last 4 digits of account number SEVERAL                                                                                                                                                                                                                                                                       | \$1,578.00           |  |  |  |  |  |  |
|                | Nonpriority Creditor's Name P.O. Box 17695                                                 | When was the debt incurred? 2018                                                                                                                                                                                                                                                                              |                      |  |  |  |  |  |  |
|                | Baltimore, MD 21297                                                                        | Then was the dest incurred.                                                                                                                                                                                                                                                                                   |                      |  |  |  |  |  |  |
|                | Number Street City State Zip Code                                                          | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                   |                      |  |  |  |  |  |  |
|                | Who incurred the debt? Check one.                                                          | П                                                                                                                                                                                                                                                                                                             |                      |  |  |  |  |  |  |
|                | ■ Debtor 1 only □ Debtor 2 only                                                            | ☐ Contingent                                                                                                                                                                                                                                                                                                  |                      |  |  |  |  |  |  |
|                | Debtor 2 only  Debtor 1 and Debtor 2 only                                                  | ☐ Unliquidated ☐ Disputed                                                                                                                                                                                                                                                                                     |                      |  |  |  |  |  |  |
|                | ☐ At least one of the debtors and another                                                  | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                          |                      |  |  |  |  |  |  |
|                | ☐ Check if this claim is for a community                                                   | ☐ Student loans                                                                                                                                                                                                                                                                                               |                      |  |  |  |  |  |  |
|                | debt                                                                                       | $\square$ Obligations arising out of a separation agreement or divorce that you did not                                                                                                                                                                                                                       |                      |  |  |  |  |  |  |
|                | Is the claim subject to offset?                                                            | report as priority claims                                                                                                                                                                                                                                                                                     |                      |  |  |  |  |  |  |
|                | ■ No                                                                                       | Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                             |                      |  |  |  |  |  |  |
|                | ☐ Yes                                                                                      | Other. Specify Medical Services                                                                                                                                                                                                                                                                               |                      |  |  |  |  |  |  |
| Part 3         | List Others to Be Notified About a De                                                      | ebt That You Already Listed                                                                                                                                                                                                                                                                                   |                      |  |  |  |  |  |  |
| is try<br>have | ring to collect from you for a debt you owe to s                                           | about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if someone else, list the original creditor in Parts 1 or 2, then list the collection agency her lat you listed in Parts 1 or 2, list the additional creditors here. If you do not have addition or submit this page. | e. Similarly, if you |  |  |  |  |  |  |
|                | and Address                                                                                | On which entry in Part 1 or Part 2 did you list the original creditor?                                                                                                                                                                                                                                        |                      |  |  |  |  |  |  |
|                | te USA<br>S. Gesener Boad                                                                  | Line 4.3 of (Check one):                                                                                                                                                                                                                                                                                      |                      |  |  |  |  |  |  |
| ∠950           | S. Gessner Road                                                                            | ■ Part 2: Creditors with Nonpriority Unsecured Clair                                                                                                                                                                                                                                                          | ns                   |  |  |  |  |  |  |

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| Lisa w. brown-campbell                   |                                                     | Case Humber (II known)                                | 19-31004                 |  |  |
|------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|--------------------------|--|--|
| #265<br>Houston, TX 77063                |                                                     |                                                       |                          |  |  |
|                                          | Last 4 digits of account number                     |                                                       |                          |  |  |
| Name and Address                         | On which entry in Part 1 or Part 2                  | did you list the original creditor?                   |                          |  |  |
| Commonwealth Financial                   | Line 4.6 of (Check one):                            | ☐ Part 1: Creditors with Priorit                      | y Unsecured Claims       |  |  |
| 245 Main St<br>Scranton, PA 18519        |                                                     | ■ Part 2: Creditors with Nonpriority Unsecured Claims |                          |  |  |
| Scianton, FA 16519                       | Last 4 digits of account number                     |                                                       |                          |  |  |
| Name and Address                         | On which entry in Part 1 or Part 2                  | did you list the original creditor?                   |                          |  |  |
| Deville Mgmt                             | Line 4.4 of (Check one):                            | y Unsecured Claims                                    |                          |  |  |
| 1132 Glade Road<br>Colleyville, TX 76034 | Part 2: Creditors with Nonpriority Unsecured Claims |                                                       |                          |  |  |
| Coneyvine, 17 70004                      | Last 4 digits of account number                     |                                                       |                          |  |  |
| Name and Address                         | On which entry in Part 1 or Part 2                  | did you list the original creditor?                   |                          |  |  |
| Phoenix Financial Serv                   | Line 4.3 of (Check one):                            | ☐ Part 1: Creditors with Priorit                      | y Unsecured Claims       |  |  |
| 8902 Otis Ave<br>Indianapolis, IN 46216  |                                                     | Part 2: Creditors with Nonpo                          | riority Unsecured Claims |  |  |
| 11101a11apolis, 114 40210                | Last 4 digits of account number                     |                                                       |                          |  |  |
| Name and Address                         | On which entry in Part 1 or Part 2                  | did you list the original creditor?                   |                          |  |  |
| Security Credit Servic                   | Line <u>4.5</u> of (Check one):                     | ☐ Part 1: Creditors with Priorit                      | y Unsecured Claims       |  |  |
| 306 Enterprise Drive<br>Oxford, MS 38655 |                                                     | Part 2: Creditors with Nonpo                          | riority Unsecured Claims |  |  |
| OAIOI G, 1810 00000                      | Last 4 digits of account number                     |                                                       |                          |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |                                                                                                         |     | -  | Total Claim |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|----|-------------|
|              | 6a. | Domestic support obligations                                                                            | 6a. | \$ | 0.00        |
| Total claims |     |                                                                                                         |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government                                                    | 6b. | \$ | 133.37      |
|              | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.                                                                | 6e. | \$ | 133.37      |
|              |     |                                                                                                         |     |    | Total Claim |
|              | 6f. | Student loans                                                                                           | 6f. | \$ | 35,077.00   |
| Total claims |     |                                                                                                         |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 13,509.00   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. | \$ | 48,586.00   |

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| (Spouse if, filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number 19-31604 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 2 (Spouse if, filing)  First Name  Middle Name  Last Name  United States Bankruptcy Court for the:  EASTERN DISTRICT OF VIRGINIA          |
| (Spouse if, filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number 19-31604 |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number 19-31604                                                       |
| Case number                                                                                                                                      |
| 1001001                                                                                                                                          |
| (if known)                                                                                                                                       |
| (II KILOWII)                                                                                                                                     |

#### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for                      |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 2.1 James Wood                                                                                               | redience for A Place Called Home, LLC - month to month lease |

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|                        |                                                                                 | Docume                                                   | nt Page 19 d           | it 39                               |                                                                            |
|------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|------------------------|-------------------------------------|----------------------------------------------------------------------------|
| Fill in this i         | nformation to identify your                                                     | case:                                                    |                        |                                     |                                                                            |
|                        |                                                                                 |                                                          |                        |                                     |                                                                            |
| Debtor 1               | Lisa M. Brown-Ca                                                                | Middle Name                                              | Last Name              |                                     |                                                                            |
| Debtor 2               |                                                                                 |                                                          |                        |                                     |                                                                            |
| (Spouse if, filing     | g) First Name                                                                   | Middle Name                                              | Last Name              |                                     |                                                                            |
| United State           | es Bankruptcy Court for the:                                                    | EASTERN DISTRICT O                                       | OF VIRGINIA            |                                     |                                                                            |
| Office Otale           | 55 Burnitapitoy Court for the.                                                  | 2,101211113101111011                                     | , viitoitiit           |                                     |                                                                            |
| Case numb              | er <b>19-31604</b>                                                              |                                                          |                        |                                     |                                                                            |
| (if known)             |                                                                                 |                                                          |                        |                                     | ☐ Check if this is an                                                      |
|                        |                                                                                 |                                                          |                        |                                     | amended filing                                                             |
| Official               | Corpo 40611                                                                     |                                                          |                        |                                     |                                                                            |
|                        | Form 106H                                                                       |                                                          |                        |                                     |                                                                            |
| Schedi                 | ule H: Your Cod                                                                 | ebtors                                                   |                        |                                     | 12/15                                                                      |
|                        |                                                                                 |                                                          |                        |                                     |                                                                            |
|                        | and case number (if known) ou have any codebtors? (If                           |                                                          |                        | as a codebtor.                      |                                                                            |
|                        | (                                                                               | ,                                                        |                        |                                     |                                                                            |
| ■ No                   |                                                                                 |                                                          |                        |                                     |                                                                            |
| ☐ Yes                  |                                                                                 |                                                          |                        |                                     |                                                                            |
| Arizona ■ No. ( □ Yes. | a, California, Idaho, Louisiana<br>Go to line 3.<br>Did your spouse, former spo | , Nevada, New Mexico, Pu<br>use, or legal equivalent liv | erto Rico, Texas, Wash | ington, and Wisconsin.)             | y states and territories include g with you. List the person shown         |
| in line 2              | 2 again as a codebtor only i                                                    | if that person is a guarar                               | ntor or cosigner. Make | sure you have listed th             | ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
| out Col                | lumn 2.                                                                         |                                                          |                        |                                     |                                                                            |
| C                      | Column 1: Your codebtor                                                         |                                                          |                        | Column 2: The cre                   | editor to whom you owe the debt                                            |
| Na                     | ame, Number, Street, City, State and Z                                          | IP Code                                                  |                        | Check all schedule                  |                                                                            |
| 0.4                    |                                                                                 |                                                          |                        | Польчил В г.                        |                                                                            |
| 3.1 <sub>N</sub>       | lame                                                                            |                                                          |                        | _ ☐ Schedule D, line                |                                                                            |
|                        |                                                                                 |                                                          |                        | ☐ Schedule E/F, I☐ Schedule G, line |                                                                            |
|                        |                                                                                 |                                                          |                        | Schedule G, IIII                    | e                                                                          |
|                        | lumber Street                                                                   | <b>0</b>                                                 | 710.0                  |                                     |                                                                            |
| C                      | city                                                                            | State                                                    | ZIP Code               |                                     |                                                                            |
|                        |                                                                                 |                                                          |                        |                                     |                                                                            |
| 3.2                    |                                                                                 |                                                          |                        | Schedule D, line                    |                                                                            |
| N                      | lame                                                                            |                                                          |                        | ☐ Schedule E/F, I                   |                                                                            |
|                        |                                                                                 |                                                          |                        | ☐ Schedule G, line                  | e                                                                          |
| N                      | lumber Street                                                                   |                                                          |                        | _                                   |                                                                            |
| С                      | ity                                                                             | State                                                    | ZIP Code               |                                     |                                                                            |

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| Fill        | in this information to identify your ca                                                                                        | ase:                       |                                                            |                |       | I              |                |           |                                    |          |
|-------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------|----------------|-------|----------------|----------------|-----------|------------------------------------|----------|
|             | otor 1 Lisa M. Brov                                                                                                            |                            |                                                            |                | _     |                |                |           |                                    |          |
|             | otor 2                                                                                                                         |                            |                                                            |                | _     |                |                |           |                                    |          |
| Uni         | ted States Bankruptcy Court for the                                                                                            | EASTERN DISTRICT           | OF VIRGINIA                                                |                | _     |                |                |           |                                    |          |
|             | se number 19-31604                                                                                                             |                            | -                                                          |                |       | Check          | if this is:    |           |                                    |          |
| (lf kr      | own)                                                                                                                           |                            |                                                            |                |       |                | amende         | 0         |                                    |          |
| _           |                                                                                                                                |                            |                                                            |                |       |                |                |           | ng postpetition<br>following date: |          |
| 0           | fficial Form 106l                                                                                                              |                            |                                                            |                |       | MM             | // DD/ Y       | YYY       |                                    |          |
| S           | chedule I: Your Inco                                                                                                           | ome                        |                                                            |                |       |                |                |           |                                    | 12/1     |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. the Describe Employment | r spouse is not filing wi  | ith you, do not inc                                        | clude inforn   | natio | on about y     | our spo        | use. If m | ore space is                       | needed,  |
| 1.          | Fill in your employment information.                                                                                           |                            | Debtor 1                                                   |                |       | I              | Debtor 2       | or non-f  | filing spouse                      |          |
|             | If you have more than one job,                                                                                                 | Employment status          | ■ Employed                                                 |                |       | [              | ☐ Employed     |           |                                    |          |
|             | attach a separate page with information about additional                                                                       | Employment status          | ☐ Not employed                                             |                |       | [              | ☐ Not employed |           |                                    |          |
|             | employers.                                                                                                                     | Occupation                 | Occupation Owner  Employer's name A Place Called Home, LLC |                |       |                |                |           |                                    |          |
|             | Include part-time, seasonal, or self-employed work.                                                                            | Employer's name            |                                                            |                |       |                |                |           |                                    |          |
|             | Occupation may include student or homemaker, if it applies.                                                                    | Employer's address         |                                                            |                |       |                |                |           |                                    |          |
|             |                                                                                                                                | How long employed to       | here? 1 yea                                                | ır             |       |                |                |           |                                    |          |
| Par         | t 2: Give Details About Mon                                                                                                    | thly Income                |                                                            |                |       |                |                |           |                                    |          |
|             | mate monthly income as of the dause unless you are separated.                                                                  | ate you file this form. If | you have nothing t                                         | o report for a | any   | line, write \$ | \$0 in the     | space. In | nclude your no                     | n-filing |
|             | u or your non-filing spouse have mo<br>e space, attach a separate sheet to                                                     |                            | ombine the informa                                         | tion for all e | mplo  | oyers for th   | nat perso      | n on the  | lines below. If                    | you need |
|             |                                                                                                                                |                            |                                                            |                |       | For Debt       | or 1           |           | ebtor 2 or<br>ling spouse          |          |
| 2.          | List monthly gross wages, salad deductions). If not paid monthly, or                                                           |                            |                                                            | 2.             | \$    |                | 0.00           | \$        | N/A                                |          |
| 3.          | Estimate and list monthly overti                                                                                               | me pay.                    |                                                            | 3.             | +\$   |                | 0.00           | +\$       | N/A                                |          |
| 4.          | Calculate gross Income. Add lin                                                                                                | e 2 + line 3.              |                                                            | 4.             | \$    |                | 0.00           | \$_       | N/A                                |          |

| Deb | tor 1             | Lisa M. Brown-Campbell                                                                                                                                                                                                                                                | _         | Cas        | e number (if known) | 19-316 | 304                        |            |
|-----|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|---------------------|--------|----------------------------|------------|
|     |                   |                                                                                                                                                                                                                                                                       |           | Fo         | or Debtor 1         |        | ebtor 2 or<br>iling spouse |            |
|     | Cop               | y line 4 here                                                                                                                                                                                                                                                         | 4.        | \$         | 0.00                | \$     | N//                        |            |
| 5.  | List              | all payroll deductions:                                                                                                                                                                                                                                               |           |            |                     |        |                            |            |
|     | 5a.               | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                         | 5a.       | \$         | 0.00                | \$     | N/A                        | 4          |
|     | 5b.               | Mandatory contributions for retirement plans                                                                                                                                                                                                                          | 5b.       | \$         | 0.00                | \$     | N/A                        | 4          |
|     | 5c.               | Voluntary contributions for retirement plans                                                                                                                                                                                                                          | 5c.       | \$         | 0.00                | \$     | N/A                        | 4          |
|     | 5d.               | Required repayments of retirement fund loans                                                                                                                                                                                                                          | 5d.       | \$         | 0.00                | \$     | N/A                        | 4          |
|     | 5e.               | Insurance                                                                                                                                                                                                                                                             | 5e.       | \$_        | 0.00                | \$     | N//                        |            |
|     | 5f.               | Domestic support obligations                                                                                                                                                                                                                                          | 5f.       | \$_        | 0.00                | \$     | N/A                        |            |
|     | 5g.<br>5h.        | Union dues Other deductions. Specify:                                                                                                                                                                                                                                 | 5g.<br>5h | \$<br>- \$ | 0.00                | , ¢—   | N//                        |            |
| •   |                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                 | _         | - Ψ_       |                     |        |                            | _          |
| 6.  |                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                            | 6.        | \$_        | 0.00                | \$     | N//                        | _          |
| 7.  | Cald              | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                      | 7.        | \$_        | 0.00                | \$     | N/A                        | <u>4</u>   |
| 8.  | List<br>8a.       | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total           |           | •          |                     |        |                            |            |
|     | O.L.              | monthly net income.                                                                                                                                                                                                                                                   | 8a.       | \$_        | 3,041.67            | \$     | N//                        |            |
|     | 8b.<br>8c.        | Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent                                                                                                                                                                         | 8b.       | \$_        | 0.00                | \$     | N/A                        | 4          |
|     | oc.               | regularly receive Include alimony, spousal support, child support, maintenance, divorce                                                                                                                                                                               |           |            |                     |        |                            |            |
|     |                   | settlement, and property settlement.                                                                                                                                                                                                                                  | 8c.       | \$_        | 0.00                | \$     | N/A                        |            |
|     | 8d.               | Unemployment compensation                                                                                                                                                                                                                                             | 8d.       | \$_        | 0.00                | \$     | N//                        |            |
|     | 8e.<br>8f.        | Social Security Other government assistance that you regularly receive                                                                                                                                                                                                | 8e.       | \$_        | 0.00                | \$     | N/A                        | 4          |
|     | OI.               | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SSI Death Benefit for Son                            | e<br>8f.  | \$         | 789.00              | \$     | N//                        | A          |
|     | 8g.               | Pension or retirement income                                                                                                                                                                                                                                          | 8g.       | \$         | 0.00                | \$     | N/A                        |            |
|     | 8h.               | Other monthly income. Specify: Babysitting                                                                                                                                                                                                                            | 8h        |            |                     | + \$   | N//                        |            |
|     |                   | Mother's Monthly Contribution                                                                                                                                                                                                                                         | _         | \$_        | 500.00              | \$     | N/A                        | <u>4</u>   |
| 9.  | Add               | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                  | 9.        | \$_        | 4,590.67            | \$     | N                          | /A         |
| 10. |                   | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                    | 10. \$    |            | 4,590.67 + \$       |        | <b>N/A</b> = \$            | 4,590.67   |
| 11. | Incluothe<br>Do r | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify: | deper     |            | .,                  | •      | hedule J.<br>11. +\$ _     | 0.00       |
| 12. |                   | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies                                                                                                           |           |            |                     |        | 12. \$                     | 4,590.67   |
| 13. |                   | you expect an increase or decrease within the year after you file this form                                                                                                                                                                                           | ?         |            |                     |        |                            | nly income |
|     |                   | Ves Evolain:                                                                                                                                                                                                                                                          |           |            |                     |        |                            |            |

| Fill in this info                      | rmation to identify yo                                           | ur case:                            |                                                                            |                                        |                 |                                   |                               |
|----------------------------------------|------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------|-----------------|-----------------------------------|-------------------------------|
| Debtor 1                               | Lisa M. Brow                                                     | /n-Camp                             | bell                                                                       |                                        |                 | ck if this is:  An amended filing |                               |
| Debtor 2                               |                                                                  |                                     |                                                                            |                                        | _               | A supplement show                 | ving postpetition chapter     |
| (Spouse, if filing                     | 1)                                                               |                                     |                                                                            |                                        |                 | 13 expenses as of                 | the following date:           |
| United States B                        | ankruptcy Court for the:                                         | EASTE                               | RN DISTRICT OF VIRGIN                                                      | IIA                                    | -               | MM / DD / YYYY                    |                               |
| Case number (If known)                 | 19-31604                                                         |                                     |                                                                            |                                        |                 |                                   |                               |
| Official                               | Form 106J                                                        |                                     |                                                                            |                                        | •               |                                   |                               |
|                                        | le J: Your I                                                     | <br>Exper                           | ises                                                                       |                                        |                 |                                   | 12/1                          |
| Be as compleinformation. number (if kr | ete and accurate as<br>If more space is ne<br>nown). Answer ever | possible<br>eded, atta<br>y questio | . If two married people ar<br>ach another sheet to this                    |                                        |                 |                                   |                               |
| _                                      | escribe Your House<br>joint case?                                | hold                                |                                                                            |                                        |                 |                                   |                               |
|                                        | io to line 2.                                                    |                                     |                                                                            |                                        |                 |                                   |                               |
|                                        | Does Debtor 2 live i                                             | n a separ                           | ate household?                                                             |                                        |                 |                                   |                               |
|                                        | □ No                                                             |                                     |                                                                            |                                        |                 |                                   |                               |
|                                        | Yes. Debtor 2 mus                                                | t file Offic                        | ial Form 106J-2, <i>Expenses</i>                                           | for Separate House                     | ehold of Deb    | tor 2.                            |                               |
| 2. Do you                              | nave dependents?                                                 | □ No                                |                                                                            |                                        |                 |                                   |                               |
| Do not lis<br>Debtor 2                 | st Debtor 1 and                                                  | ■ Yes.                              | Fill out this information for each dependent                               | Dependent's relat<br>Debtor 1 or Debto |                 | Dependent's age                   | Does dependent live with you? |
| Do not s                               | tate the                                                         |                                     |                                                                            |                                        |                 |                                   | □ No                          |
| depende                                | nts names.                                                       |                                     |                                                                            | Son                                    |                 | 17                                | Yes                           |
|                                        |                                                                  |                                     |                                                                            | Son                                    |                 | 20                                | □ No                          |
|                                        |                                                                  |                                     |                                                                            | 3011                                   |                 |                                   | ■ Yes<br>□ No                 |
|                                        |                                                                  |                                     |                                                                            | Son                                    |                 | 22                                | ■ Yes                         |
|                                        |                                                                  |                                     |                                                                            |                                        |                 |                                   | □ No                          |
|                                        |                                                                  |                                     |                                                                            | Mom                                    |                 | 69                                | ■ Yes                         |
| expense                                | expenses include<br>es of people other the<br>and your depende   | han $_{\square}$                    | No<br>Yes                                                                  |                                        |                 |                                   |                               |
| Estimate you                           | of a date after the k                                            | our bankr                           | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                                        |                 |                                   |                               |
|                                        | such assistance and                                              |                                     | government assistance i cluded it on Schedule I: \                         |                                        |                 | Your expe                         | enses                         |
|                                        | al or home owners                                                |                                     | nses for your residence. I<br>or lot.                                      | nclude first mortgag                   | e<br>4. \$      |                                   | 1,102.24                      |
| If not inc                             | cluded in line 4:                                                |                                     |                                                                            |                                        |                 |                                   |                               |
| 4a. Re                                 | eal estate taxes                                                 |                                     |                                                                            |                                        | 4a. \$          |                                   | 0.00                          |
|                                        | operty, homeowner's                                              | s, or renter                        | r's insurance                                                              |                                        | 4b. \$          |                                   | 0.00                          |
|                                        | ome maintenance, re                                              |                                     |                                                                            |                                        | 4c. \$          |                                   | 0.00                          |
|                                        | omeowner's associat                                              |                                     | dominium dues<br><b>our residence,</b> such as ho                          | me equity loans                        | 4d. \$<br>5. \$ |                                   | 25.00<br>0.00                 |
| J. Addition                            |                                                                  | y ·                                 |                                                                            | oquity idalis                          | υ. ψ            |                                   | 0.00                          |

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| Debtor 1 Li                     | sa M. Brown-Campbell                                                                      | Case number (if know | n) <b>19-31604</b>                      |
|---------------------------------|-------------------------------------------------------------------------------------------|----------------------|-----------------------------------------|
| -                               |                                                                                           |                      |                                         |
| 6. <b>Utilities:</b><br>6a. Ele | :<br>ectricity, heat, natural gas                                                         | 6a. \$               | 345.00                                  |
|                                 | · · · · · · · · · · · · · · · · · · ·                                                     | 6b. \$               | -                                       |
|                                 | ater, sewer, garbage collection                                                           | ·                    | 104.00                                  |
|                                 | elephone, cell phone, Internet, satellite, and cable services                             | 6c. \$               | 500.00                                  |
|                                 | ther. Specify:                                                                            | 6d. \$               | 0.00                                    |
| Food an                         | nd housekeeping supplies                                                                  | 7. \$                | 430.00                                  |
| Childcar                        | re and children's education costs                                                         | 8. \$                | 0.00                                    |
| Clothing                        | g, laundry, and dry cleaning                                                              | 9. \$                | 50.00                                   |
| ). Persona                      | al care products and services                                                             | 10. \$               | 60.00                                   |
| . Medical                       | and dental expenses                                                                       | 11. \$               | 20.00                                   |
| . Transpo                       | ortation. Include gas, maintenance, bus or train fare.                                    |                      | _                                       |
| •                               | nclude car payments.                                                                      | 12. \$               | 260.00                                  |
| 3. Entertai                     | nment, clubs, recreation, newspapers, magazines, and books                                | 13. \$               | 18.43                                   |
| . Charitat                      | ole contributions and religious donations                                                 | 14. \$               | 160.00                                  |
| 5. Insuran                      | •                                                                                         |                      |                                         |
|                                 | nclude insurance deducted from your pay or included in lines 4 or 20.                     |                      |                                         |
|                                 | fe insurance                                                                              | 15a. \$              | 0.00                                    |
|                                 | ealth insurance                                                                           | 15b. \$              | 0.00                                    |
|                                 | ehicle insurance                                                                          | 15c. \$              | 0.00                                    |
|                                 | ther insurance. Specify:                                                                  | 15d. \$              |                                         |
|                                 | Oo not include taxes deducted from your pay or included in lines 4 or 20.                 | IJU. Ø               | 0.00                                    |
|                                 | , , ,                                                                                     | 16. \$               | 0.00                                    |
| Specify:                        |                                                                                           | ιο. φ                | 0.00                                    |
|                                 | ent or lease payments:                                                                    | 170 ¢                | 0.00                                    |
|                                 | ar payments for Vehicle 1                                                                 | 17a. \$              | 0.00                                    |
|                                 | ar payments for Vehicle 2                                                                 | 17b. \$              | 0.00                                    |
|                                 | ther. Specify: Rental Car Monthly Expenses                                                | 17c. \$              | 866.00                                  |
|                                 | ther. Specify:                                                                            | 17d. \$              | 0.00                                    |
|                                 | yments of alimony, maintenance, and support that you did not report a                     |                      | 0.00                                    |
|                                 | ed from your pay on line 5, Schedule I, Your Income (Official Form 106I)                  |                      |                                         |
| _                               | ayments you make to support others who do not live with you.                              | \$                   | 0.00                                    |
| Specify:                        |                                                                                           | 19.                  |                                         |
|                                 | eal property expenses not included in lines 4 or 5 of this form or on Sci                 |                      |                                         |
| 20a. Mo                         | ortgages on other property                                                                | 20a. \$              | 0.00                                    |
| 20b. Re                         | eal estate taxes                                                                          | 20b. \$              | 0.00                                    |
| 20c. Pr                         | operty, homeowner's, or renter's insurance                                                | 20c. \$              | 0.00                                    |
| 20d. Ma                         | aintenance, repair, and upkeep expenses                                                   | 20d. \$              | 0.00                                    |
| 20e. Ho                         | omeowner's association or condominium dues                                                | 20e. \$              | 0.00                                    |
| . Other: S                      |                                                                                           | 21. +\$              | 100.00                                  |
| . Other. o                      | 3011 3 Gylli Mellibership                                                                 | Σ1. 1Ψ               | 100.00                                  |
| 2. Calculat                     | te your monthly expenses                                                                  |                      |                                         |
| 22a. Add                        | d lines 4 through 21.                                                                     | \$                   | 4,040.67                                |
|                                 | by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2             |                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|                                 | I line 22a and 22b. The result is your monthly expenses.                                  | \$                   | 4.040.67                                |
| 220. Add                        | a inie 22a anu 22b. The result is your monthly expenses.                                  | φ                    | 4,040.67                                |
| 3. Calculat                     | te your monthly net income.                                                               |                      |                                         |
|                                 | opy line 12 (your combined monthly income) from Schedule I.                               | 23a. \$              | 4,590.67                                |
|                                 | opy your monthly expenses from line 22c above.                                            | 23b\$                | 4,040.67                                |
|                                 |                                                                                           |                      | 7,070.07                                |
| 23c Si                          | ubtract your monthly expenses from your monthly income.                                   |                      |                                         |
|                                 | ne result is your <i>monthly net income</i> .                                             | 23c. \$              | 550.00                                  |
| 111                             | io rosuit is your monuny net mounte.                                                      |                      |                                         |
| 4. Do vou o                     | expect an increase or decrease in your expenses within the year after                     | you file this form?  |                                         |
|                                 | ple, do you expect to finish paying for your car loan within the year or do you expect yo |                      | increase or decrease because of a       |
|                                 |                                                                                           | 5 5 1 . 5            |                                         |
|                                 | on to the terms of your mortgage?                                                         |                      |                                         |
|                                 | on to the terms of your mongage?                                                          |                      |                                         |

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| Fill in Abin in     | formation to identify                                                      |                          |                              |                                                    |                                     |
|---------------------|----------------------------------------------------------------------------|--------------------------|------------------------------|----------------------------------------------------|-------------------------------------|
|                     | formation to identify your                                                 | case:                    |                              |                                                    |                                     |
| Debtor 1            | Lisa M. Brown-Ca                                                           | ampbell Middle Name      | Last Name                    |                                                    |                                     |
| Debtor 2            | i iist ivaine                                                              | Wildle Name              | Last Name                    |                                                    |                                     |
| (Spouse if, filing) | First Name                                                                 | Middle Name              | Last Name                    |                                                    |                                     |
| United States       | Bankruptcy Court for the:                                                  | EASTERN DISTRICT O       | OF VIRGINIA                  |                                                    |                                     |
| Case number         | r <b>19-31604</b>                                                          |                          |                              |                                                    |                                     |
| (if known)          |                                                                            |                          |                              |                                                    | heck if this is an<br>mended filing |
|                     | orm 106Dec<br>ation About a                                                | ın Individual            | Debtor's Sch                 | nedules                                            | 12/15                               |
| years, or botl      | oney or property by fraud ii<br>h. 18 U.S.C. §§ 152, 1341, 1<br>Sign Below |                          | kruptcy case can result in   | fines up to \$250,000, or impriso                  | onment for up to 20                 |
| Did you             | ı pay or agree to pay some                                                 | one who is NOT an attor  | rney to help you fill out ba | nkruptcy forms?                                    |                                     |
| ■ No                |                                                                            |                          |                              |                                                    |                                     |
| ☐ Ye                | s. Name of person                                                          |                          |                              | Attach Bankruptcy Petitic Declaration, and Signatu |                                     |
|                     | enalty of perjury, I declare<br>y are true and correct.                    | that I have read the sum | mary and schedules filed     | with this declaration and                          |                                     |
| X /s/ L             | _isa M. Brown-Campbel                                                      | I                        | X                            |                                                    |                                     |
| Lisa                | a M. Brown-Campbell sature of Debtor 1                                     |                          | Signature of D               | ebtor 2                                            |                                     |
| Date                |                                                                            |                          | Date                         |                                                    |                                     |
|                     |                                                                            |                          | <del></del>                  |                                                    |                                     |

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|                  | n this info            | rmation to identify you                         | casa.                                      |                                                                                          |                                                                |                                                       |
|------------------|------------------------|-------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|
| Debt             |                        |                                                 |                                            |                                                                                          |                                                                |                                                       |
| Debt             | OI I                   | Lisa M. Brown-C                                 | Middle Name                                | Last Name                                                                                |                                                                |                                                       |
| Debt             | or 2<br>se if, filing) | First Name                                      | Middle Name                                | Last Name                                                                                |                                                                |                                                       |
|                  |                        |                                                 |                                            |                                                                                          |                                                                |                                                       |
| Unite            | ed States I            | Bankruptcy Court for the:                       | EASTERN DISTRICT OF                        | VIRGINIA                                                                                 |                                                                |                                                       |
| Case<br>(if know | e number<br>wn)        | 19-31604                                        |                                            |                                                                                          | _                                                              | Check if this is an<br>mended filing                  |
| Sta<br>Be as     | temer                  | and accurate as possi                           | ble. If two married people a               |                                                                                          | equally responsible for sup                                    |                                                       |
|                  |                        | more space is needed,<br>wn). Answer every ques |                                            | this form. On the top of any                                                             | y additional pages, write you                                  | ur name and case                                      |
| Part             | 1: Give                | Details About Your Ma                           | rital Status and Where You                 | Lived Before                                                                             |                                                                |                                                       |
| 1. \             | What is yo             | our current marital statu                       | s?                                         |                                                                                          |                                                                |                                                       |
| [<br>            | ☐ Marrie               | ed<br>arried                                    |                                            |                                                                                          |                                                                |                                                       |
| 2. I             | During the             | last 3 years, have you                          | lived anywhere other than                  | where you live now?                                                                      |                                                                |                                                       |
| <br>             | ■ No<br>□ Yes.         | ist all of the places you l                     | ived in the last 3 years. Do no            | ot include where you live now                                                            | <i>i</i> .                                                     |                                                       |
|                  | Debtor 1               | Prior Address:                                  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad                                                                        | dress:                                                         | Dates Debtor 2<br>lived there                         |
|                  |                        |                                                 |                                            |                                                                                          | ity property state or territor<br>ico, Texas, Washington and V |                                                       |
| <br>             | ■ No<br>□ Yes. I       | Make sure you fill out <i>Sch</i>               | nedule H: Your Codebtors (O                | fficial Form 106H).                                                                      |                                                                |                                                       |
| Part             | 2 Exp                  | ain the Sources of You                          | r Income                                   | ,                                                                                        |                                                                |                                                       |
| F                | Fill in the to         | otal amount of income yo                        | u received from all jobs and a             | g a business during this yeall businesses, including partetogether, list it only once ur |                                                                | ndar years?                                           |
| I                | □ No                   |                                                 |                                            |                                                                                          |                                                                |                                                       |
| ,                | Yes.                   | Fill in the details.                            |                                            |                                                                                          |                                                                |                                                       |
|                  |                        |                                                 | Debtor 1                                   |                                                                                          | Debtor 2                                                       |                                                       |
|                  |                        |                                                 | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                    | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|                  |                        | 1 of current year until<br>led for bankruptcy:  | ☐ Wages, commissions, bonuses, tips        | \$1,950.00                                                                               | ☐ Wages, commissions, bonuses, tips                            |                                                       |
|                  |                        |                                                 | Operating a business                       |                                                                                          | ☐ Operating a business                                         |                                                       |

Official Form 107

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Debtor 1 Lisa M. Brown-Campbell Case number (if known) 19-31604

|                                                     |                                                                                                                                  |                                                                                                                                                                                                                           | Dalifand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                        | D-1:10                                                                                                                            |                                                       |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
|                                                     |                                                                                                                                  |                                                                                                                                                                                                                           | Debtor 1 Sources of income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Gross income                                                                                                                                                                                                                                                                                                           | Debtor 2<br>Sources of income                                                                                                     | Gross income                                          |
|                                                     |                                                                                                                                  |                                                                                                                                                                                                                           | Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (before deductions and exclusions)                                                                                                                                                                                                                                                                                     | Check all that apply.                                                                                                             | (before deductions and exclusions)                    |
| For last cale<br>(January 1 t                       | endar year:<br>to December                                                                                                       | 31, 2018 )                                                                                                                                                                                                                | ☐ Wages, commissions, bonuses, tips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$21,181.00                                                                                                                                                                                                                                                                                                            | ☐ Wages, commissions, bonuses, tips                                                                                               |                                                       |
|                                                     |                                                                                                                                  |                                                                                                                                                                                                                           | Operating a business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                        | ☐ Operating a business                                                                                                            |                                                       |
|                                                     | endar year be<br>to December                                                                                                     |                                                                                                                                                                                                                           | ☐ Wages, commissions, bonuses, tips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$14,630.00                                                                                                                                                                                                                                                                                                            | ☐ Wages, commissions, bonuses, tips                                                                                               |                                                       |
|                                                     |                                                                                                                                  |                                                                                                                                                                                                                           | Operating a business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                        | ☐ Operating a business                                                                                                            |                                                       |
| Include i<br>and othe<br>winnings<br>List each      | income regarder public bene<br>s. If you are file<br>h source and                                                                | dless of wheth<br>fit payments;<br>ling a joint cas<br>the gross inco                                                                                                                                                     | e during this year or the two<br>her that income is taxable. Exa<br>pensions; rental income; inter<br>se and you have income that your<br>me from each source separa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | amples of other income are a rest; dividends; money collect you received together, list it o                                                                                                                                                                                                                           | ted from lawsuits; royalties; inly once under Debtor 1.                                                                           |                                                       |
|                                                     |                                                                                                                                  |                                                                                                                                                                                                                           | Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                        | Debtor 2                                                                                                                          |                                                       |
|                                                     |                                                                                                                                  |                                                                                                                                                                                                                           | Sources of income<br>Describe below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Gross income from<br>each source<br>(before deductions and<br>exclusions)                                                                                                                                                                                                                                              | Sources of income Describe below.                                                                                                 | Gross income<br>(before deductions<br>and exclusions) |
|                                                     |                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                       |
|                                                     | ary 1 of curre<br>u filed for ba                                                                                                 | nt year until<br>nkruptcy:                                                                                                                                                                                                | Social Security<br>Benefits for Son                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$1,548.00                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                       |
| For last cale                                       | u filed for ba                                                                                                                   | nkruptcy:                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$1,548.00<br>\$4,000.00                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                       |
| For last cale (January 1 t                          | u filed for ba<br>endar year:<br>to December                                                                                     | 31, 2018)                                                                                                                                                                                                                 | Social Security<br>Benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$4,000.00                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                       |
| For last cale (January 1 t                          | u filed for ba<br>endar year:<br>to December                                                                                     | 31, 2018)                                                                                                                                                                                                                 | Benefits for Son  Social Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$4,000.00                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                       |
| For last cale (January 1 t                          | u filed for ba<br>endar year:<br>to December<br>ist Certain Pa<br>er Debtor 1's<br>Neither D                                     | 31, 2018 )  ayments You s or Debtor 2 ebtor 1 nor D                                                                                                                                                                       | Social Security<br>Benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$4,000.00  Bankruptcy r debts? umer debts. Consumer debts                                                                                                                                                                                                                                                             | s are defined in 11 U.S.C. §                                                                                                      | 101(8) as "incurred by an                             |
| For last cale (January 1 t                          | endar year: to December sist Certain Pater Debtor 1's Neither D individual                                                       | 31, 2018 )  ayments You s or Debtor 2 ebtor 1 nor Deprimarily for a                                                                                                                                                       | Benefits for Son  Social Security Benefits  Made Before You Filed for 's debts primarily consumer Debtor 2 has primarily consumer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$4,000.00  Bankruptcy r debts? umer debts. Consumer debts ld purpose."                                                                                                                                                                                                                                                | _                                                                                                                                 | 101(8) as "incurred by an                             |
| For last cale (January 1 t                          | endar year: to December  ist Certain Partier Debtor 1's Neither Dindividual During the                                           | 31, 2018)  ayments You s or Debtor 2 ebtor 1 nor Deprimarily for a e 90 days befor Go to line 7                                                                                                                           | Benefits for Son  Social Security Benefits  Made Before You Filed for 's debts primarily consume Debtor 2 has primarily consumer personal, family, or householder you filed for bankruptcy, dictions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$4,000.00  Bankruptcy r debts? umer debts. Consumer debts ld purpose."                                                                                                                                                                                                                                                | I of \$6,425* or more?                                                                                                            | ,,                                                    |
| For last cale (January 1 t                          | endar year: to December sist Certain Pa ter Debtor 1's Neither D individual During the No. Yes                                   | 31, 2018 )  ayments You s or Debtor 2 ebtor 1 nor D primarily for a e 90 days befor Go to line 7 List below e paid that crinot include                                                                                    | Benefits for Son  Social Security Benefits  Made Before You Filed for 's debts primarily consumed bettor 2 has primarily consumed personal, family, or househout you filed for bankruptcy, did to be a creditor to whom you paid to be a creditor. Do not include payment payments to an attorney for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$4,000.00  Bankruptcy  r debts?  umer debts. Consumer debts  ld purpose."  id you pay any creditor a total  id a total of \$6,425* or more in  this for domestic support oblighis bankruptcy case.                                                                                                                    | I of \$6,425* or more?  n one or more payments an ations, such as child suppor                                                    | d the total amount you<br>rt and alimony. Also, do    |
| For last cale (January 1 t                          | endar year: to December sist Certain Pa ter Debtor 1's Neither D individual During the No. Yes                                   | 31, 2018 )  ayments You s or Debtor 2 ebtor 1 nor D primarily for a e 90 days befor Go to line 7 List below e paid that crinot include                                                                                    | Benefits for Son  Social Security Benefits  Made Before You Filed for 's debts primarily consumed bebtor 2 has primarily consumed personal, family, or househout you filed for bankruptcy, dictional consumers and for bankruptcy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$4,000.00  Bankruptcy  r debts?  umer debts. Consumer debts  ld purpose."  id you pay any creditor a total  id a total of \$6,425* or more in  this for domestic support oblighis bankruptcy case.                                                                                                                    | I of \$6,425* or more?  n one or more payments an ations, such as child suppor                                                    | d the total amount you<br>rt and alimony. Also, do    |
| For last cale (January 1 t  Part 3: Li  6. Are eith | endar year: to December  ist Certain Pair ter Debtor 1's Neither Dindividual During the No. Yes  * Subject S. Debtor 1           | 31, 2018 )  ayments You s or Debtor 2 ebtor 1 nor Deprimarily for a e 90 days befor Go to line 7 List below e paid that one not include to adjustment or Debtor 2 o                                                       | Benefits for Son  Social Security Benefits  Made Before You Filed for 's debts primarily consumed bettor 2 has primarily consumed personal, family, or househout you filed for bankruptcy, did to be a creditor to whom you paid to be a creditor. Do not include payment payments to an attorney for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$4,000.00  Bankruptcy  r debts?  umer debts. Consumer debts  ld purpose."  id you pay any creditor a total  id a total of \$6,425* or more in  this for domestic support oblighis bankruptcy case.  s after that for cases filed on  umer debts.                                                                      | I of \$6,425* or more?  n one or more payments an ations, such as child support or after the date of adjustments.                 | d the total amount you<br>rt and alimony. Also, do    |
| For last cale (January 1 t  Part 3: Li  6. Are eith | endar year: to December  ist Certain Pa ter Debtor 1's Neither D individual During the No. Yes  * Subject S. Debtor 1 During the | 31, 2018 )  ayments You s or Debtor 2 ebtor 1 nor Deprimarily for a e 90 days befor Go to line 7 List below e paid that one not include to adjustment or Debtor 2 o                                                       | Benefits for Son  Social Security Benefits  Made Before You Filed for  S debts primarily consumed bebtor 2 has primarily consumed personal, family, or householder you filed for bankruptcy, discrepance of the consumer payments to an attorney for the ton 4/01/19 and every 3 year or both have primarily consumer you filed for bankruptcy, discrepance of the consumer you filed for bankruptcy and you filed for bankruptcy. | \$4,000.00  Bankruptcy  r debts?  umer debts. Consumer debts  ld purpose."  id you pay any creditor a total  id a total of \$6,425* or more in  this for domestic support oblighis bankruptcy case.  s after that for cases filed on  umer debts.                                                                      | I of \$6,425* or more?  n one or more payments an ations, such as child support or after the date of adjustments.                 | d the total amount you<br>rt and alimony. Also, do    |
| For last cale (January 1 t  Part 3: Li  6. Are eith | endar year: to December  ist Certain Pa  ier Debtor 1's Neither D individual During the No. Yes  * Subject S. Debtor 1 to        | 31, 2018 )  ayments You s or Debtor 2 ebtor 1 nor Deprimarily for a e 90 days befor Go to line 7 List below e paid that crinot include to adjustment or Debtor 2 or e 90 days befor Go to line 7 List below e include pay | Benefits for Son  Social Security Benefits  Made Before You Filed for  S debts primarily consumed bebtor 2 has primarily consumed personal, family, or householder you filed for bankruptcy, discrepance of the consumer payments to an attorney for the ton 4/01/19 and every 3 year or both have primarily consumer you filed for bankruptcy, discrepance of the consumer you filed for bankruptcy and you filed for bankruptcy. | \$4,000.00  Bankruptcy  r debts?  umer debts. Consumer debts  Id purpose."  id you pay any creditor a total  id a total of \$6,425* or more in  ints for domestic support oblig  his bankruptcy case.  is after that for cases filed on  umer debts.  id you pay any creditor a total  id a total of \$600 or more and | I of \$6,425* or more?  n one or more payments an ations, such as child support or after the date of adjustment of \$600 or more? | d the total amount you rt and alimony. Also, do ent.  |

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| 7.  | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any ger<br>control, or owner of 20% of | neral partners; partners partners or more of their votin | erships of which yo<br>g securities; and ar | u are a genera<br>ny managing a | al partner; corporations<br>agent, including one for |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|---------------------------------|------------------------------------------------------|
|     | ■ No                                                                                                                                                                                                          |                                                              |                                                          |                                             |                                 |                                                      |
|     | ☐ Yes. List all payments to an insider.                                                                                                                                                                       |                                                              |                                                          |                                             |                                 |                                                      |
|     | Insider's Name and Address                                                                                                                                                                                    | Dates of payment                                             | Total amount paid                                        | Amount you still owe                        | Reason for                      | this payment                                         |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos                                                                                                              |                                                              | ments or transfer a                                      | any property on a                           | ccount of a d                   | ebt that benefited an                                |
|     | ■ No                                                                                                                                                                                                          |                                                              |                                                          |                                             |                                 |                                                      |
|     | ☐ Yes. List all payments to an insider                                                                                                                                                                        |                                                              |                                                          |                                             |                                 |                                                      |
|     | Insider's Name and Address                                                                                                                                                                                    | Dates of payment                                             | Total amount paid                                        | Amount you still owe                        | Reason for Include cred         | this payment<br>litor's name                         |
| Pal | rt 4: Identify Legal Actions, Repossession                                                                                                                                                                    | ns and Foreclosures                                          |                                                          |                                             |                                 |                                                      |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                                              | cases, small claims action                                   | s, divorces, collection                                  | on suits, paternity a                       | ctions, suppor                  | t or custody                                         |
|     | Case title Case number                                                                                                                                                                                        | Nature of the case                                           | Court or agency                                          |                                             | Status of th                    | ne case                                              |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  ☐ Yes. Fill in the information below.                                                     | w.                                                           | erty repossessed, f                                      |                                             | hed, attached                   |                                                      |
|     | Creditor Name and Address                                                                                                                                                                                     | Describe the Property                                        |                                                          | Date                                        |                                 | Value of the<br>property                             |
|     |                                                                                                                                                                                                               | Explain what happened                                        | d                                                        |                                             |                                 |                                                      |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becomes No  Yes. Fill in the details.                                                                                        |                                                              | luding a bank or fi                                      | nancial institution                         | , set off any a                 | amounts from your                                    |
|     | Creditor Name and Address                                                                                                                                                                                     | Describe the action the                                      | e creditor took                                          | Date<br>taken                               | action was                      | Amount                                               |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes                                                                                                           |                                                              | erty in the possess                                      |                                             |                                 | efit of creditors, a                                 |
| Pai | rt 5: List Certain Gifts and Contributions                                                                                                                                                                    |                                                              |                                                          |                                             |                                 |                                                      |
| 13. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.                                                                                                                   | otcy, did you give any gift                                  | s with a total value                                     | of more than \$60                           | 0 per person                    | ?                                                    |
|     | Gifts with a total value of more than \$600 per person                                                                                                                                                        | Describe the gifts                                           |                                                          | Dates<br>the g                              | s you gave<br>ifts              | Value                                                |
|     | Person to Whom You Gave the Gift and Address:                                                                                                                                                                 |                                                              |                                                          |                                             |                                 |                                                      |

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|-----|----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|---------------------------------------------------------|----------------------------|----------------------|--------------------------|
|     |                                                                                                                                  |           |                            |                                                         |                            |                      |                          |
| 14. | Within 2 years before you filed for bank                                                                                         |           |                            | gifts or contributions wit                              | th a total value           | of more than         | \$600 to any charity?    |
|     | Yes. Fill in the details for each gift or                                                                                        | contribu  | tion.                      |                                                         |                            |                      |                          |
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo         |           | Describe what              | you contributed                                         | Dates                      | s you<br>ibuted      | Value                    |
|     | Church                                                                                                                           |           | Monetary Do                | nation                                                  | Mont                       | thly                 | \$160.00                 |
| Par | rt 6: List Certain Losses                                                                                                        |           |                            |                                                         |                            |                      |                          |
| 15. | Within 1 year before you filed for bankroor gambling?                                                                            | uptcy o   | since you filed fo         | or bankruptcy, did you lo                               | ose anything be            | cause of the         | t, fire, other disaster, |
|     | ■ No □ Yes. Fill in the details.                                                                                                 |           |                            |                                                         |                            |                      |                          |
|     | Describe the property you lost and                                                                                               | Descr     | ibe any insurance          | e coverage for the loss                                 | Date                       | of your              | Value of property        |
|     | how the loss occurred                                                                                                            | Includ    | e the amount that i        | nsurance has paid. List pe<br>33 of Schedule A/B: Prope |                            |                      | lost                     |
| Par | rt 7: List Certain Payments or Transfer                                                                                          | rs        |                            |                                                         |                            |                      |                          |
| 16. | Within 1 year before you filed for bankru<br>consulted about seeking bankruptcy or<br>Include any attorneys, bankruptcy petition | uptcy, d  | ng a bankruptcy            | petition?                                               |                            |                      | rty to anyone you        |
|     | □ No                                                                                                                             |           |                            |                                                         |                            |                      |                          |
|     | Yes. Fill in the details.                                                                                                        |           |                            |                                                         |                            |                      |                          |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not                                | You       | Description an transferred | d value of any property                                 |                            | payment<br>nsfer was | Amount of payment        |
|     | Main Street Law<br>PO Box 12451<br>Richmond, VA 23241-0451                                                                       |           | Bankruptcy A               | Attorney Fees                                           | 3/201                      | 19                   | \$1,165.00               |
|     | CC Advising, Inc.                                                                                                                |           | Credit Couns               | eling Fee                                               | 3/24/                      | 2019                 | \$9.76                   |
|     | https://ccadvising.com/                                                                                                          |           |                            |                                                         |                            |                      |                          |
| 17. | Within 1 year before you filed for bankry promised to help you deal with your cree Do not include any payment or transfer that   | editors o | or to make payme           |                                                         | alf pay or transi          | er any prope         | rty to anyone who        |

No

☐ Yes. Fill in the details.

Person Who Was Paid Description and value of any property Date payment Amount of transferred Address or transfer was payment made

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| 18. | Within 2 years before you filed for bankruptc transferred in the ordinary course of your bu Include both outright transfers and transfers mad include gifts and transfers that you have already  No Yes. Fill in the details. | siness or financial affa<br>de as security (such as t                    | i <b>irs?</b><br>he granting of a se |                  | • • •                                           |                                               |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------|------------------|-------------------------------------------------|-----------------------------------------------|
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you                                                                                                                                                       | Description and v property transferr                                     |                                      |                  | ny property or<br>eceived or debts<br>nange     | Date transfer was made                        |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details.                                                                                                 |                                                                          | y property to a so                   | elf-settled trus | t or similar device o                           | f which you are a                             |
|     | Name of trust                                                                                                                                                                                                                 | Description and v                                                        | alue of the prope                    | erty transferred | d                                               | Date Transfer was made                        |
| Par | t 8: List of Certain Financial Accounts, Inst                                                                                                                                                                                 | ruments, Safe Deposit                                                    | Boxes, and Stor                      | age Units        |                                                 |                                               |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ                                                            | other financial accour                                                   | nts; certificates o                  | _                |                                                 | ,                                             |
|     | Yes. Fill in the details.                                                                                                                                                                                                     |                                                                          |                                      |                  |                                                 |                                               |
|     |                                                                                                                                                                                                                               | Last 4 digits of account number                                          | Type of accountinstrument            | clos<br>mov      | e account was<br>ed, sold,<br>ed, or<br>sferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?                                                                                                                                                        | ear before you filed for                                                 | bankruptcy, any                      | safe deposit l   | oox or other deposit                            | ory for securities,                           |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                              |                                                                          |                                      |                  |                                                 |                                               |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)                                                                                                                                              | Who else had acc<br>Address (Number, State and ZIP Code)                 |                                      | Describe the co  | ontents                                         | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or                                                                                                                                                                                 | place other than your                                                    | home within 1 ye                     | ear before you   | filed for bankruptc                             | y?                                            |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                              |                                                                          |                                      |                  |                                                 |                                               |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)                                                                                                                                                   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) | -                                    | Describe the co  | ontents                                         | Do you still have it?                         |
| Par | t 9: Identify Property You Hold or Control for                                                                                                                                                                                | or Someone Else                                                          |                                      |                  |                                                 |                                               |
| 23. | Do you hold or control any property that som for someone.                                                                                                                                                                     | neone else owns? Inclu                                                   | ıde any property                     | you borrowed     | from, are storing fo                            | or, or hold in trust                          |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                              |                                                                          |                                      |                  |                                                 |                                               |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                            | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                                      | Describe the p   | roperty                                         | Value                                         |
| Par | t 10: Give Details About Environmental Infor                                                                                                                                                                                  | rmation                                                                  |                                      |                  |                                                 |                                               |
| For | the purpose of Part 10, the following definition                                                                                                                                                                              | ns apply:                                                                |                                      |                  |                                                 |                                               |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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|                                                 | toxic substances, wastes, or mate regulations controlling the cleanu                                                                                                                                 |                                                                               | r, land, soil, surface water, ground<br>estances, wastes, or material.     | dwater,   | or other medium, including st                                  | tatutes or         |  |  |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------|----------------------------------------------------------------|--------------------|--|--|
|                                                 | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. |                                                                               |                                                                            |           |                                                                |                    |  |  |
|                                                 | Hazardous material means anythi hazardous material, pollutant, con                                                                                                                                   |                                                                               | nental law defines as a hazardous<br>imilar term.                          | s waste,  | hazardous substance, toxic                                     | substance,         |  |  |
| Rep                                             | port all notices, releases, and proce                                                                                                                                                                | edings that yo                                                                | u know about, regardless of wher                                           | n they o  | ccurred.                                                       |                    |  |  |
| 24.                                             | Has any governmental unit notifie                                                                                                                                                                    | ed you that you                                                               | may be liable or potentially liable                                        | under     | or in violation of an environm                                 | ental law?         |  |  |
|                                                 | ■ No □ Yes. Fill in the details.                                                                                                                                                                     |                                                                               |                                                                            |           |                                                                |                    |  |  |
|                                                 | Name of site<br>Address (Number, Street, City, State and                                                                                                                                             | ZIP Code)                                                                     | Governmental unit Address (Number, Street, City, State and ZIP Code)       |           | vironmental law, if you<br>ow it                               | Date of notice     |  |  |
| 25.                                             | Have you notified any governmen                                                                                                                                                                      | tal unit of any                                                               | release of hazardous material?                                             |           |                                                                |                    |  |  |
|                                                 | ■ No<br>□ Yes. Fill in the details.                                                                                                                                                                  |                                                                               |                                                                            |           |                                                                |                    |  |  |
|                                                 | Name of site<br>Address (Number, Street, City, State and                                                                                                                                             | ZIP Code)                                                                     | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) |           | vironmental law, if you<br>ow it                               | Date of notice     |  |  |
| 26.                                             | Have you been a party in any judi                                                                                                                                                                    | cial or adminis                                                               | trative proceeding under any envi                                          | ironmer   | ntal law? Include settlements                                  | and orders.        |  |  |
|                                                 | ■ No<br>□ Yes. Fill in the details.                                                                                                                                                                  |                                                                               |                                                                            |           |                                                                |                    |  |  |
|                                                 | Case Title Case Number                                                                                                                                                                               |                                                                               | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature    | e of the case                                                  | Status of the case |  |  |
| Pai                                             | art 11: Give Details About Your Bu                                                                                                                                                                   | siness or Conr                                                                | nections to Any Business                                                   |           |                                                                |                    |  |  |
| 27.                                             | Within 4 years before you filed for                                                                                                                                                                  | r bankruptcy, d                                                               | lid you own a business or have ar                                          | ny of the | e following connections to an                                  | y business?        |  |  |
|                                                 | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                                                                                        |                                                                               |                                                                            |           |                                                                |                    |  |  |
|                                                 | ■ A member of a limited liability company (LLC) or limited liability partnership (LLP)                                                                                                               |                                                                               |                                                                            |           |                                                                |                    |  |  |
|                                                 | ☐ A partner in a partnership                                                                                                                                                                         | ☐ A partner in a partnership                                                  |                                                                            |           |                                                                |                    |  |  |
|                                                 | ☐ An officer, director, or managing executive of a corporation                                                                                                                                       |                                                                               |                                                                            |           |                                                                |                    |  |  |
|                                                 | ☐ An owner of at least 5% o                                                                                                                                                                          | ☐ An owner of at least 5% of the voting or equity securities of a corporation |                                                                            |           |                                                                |                    |  |  |
| ☐ No. None of the above applies. Go to Part 12. |                                                                                                                                                                                                      |                                                                               |                                                                            |           |                                                                |                    |  |  |
|                                                 | Yes. Check all that apply abo                                                                                                                                                                        | ve and fill in th                                                             | ne details below for each business                                         | s.        |                                                                |                    |  |  |
|                                                 | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)                                                                                                                               |                                                                               | Describe the nature of the business  Name of accountant or bookkeeper      |           | mployer Identification numbe<br>to not include Social Security |                    |  |  |
|                                                 | LCD Entermine LLC                                                                                                                                                                                    | 0-                                                                            | · · · · · · · · · · · · · · · · · · ·                                      |           | ates business existed                                          |                    |  |  |
|                                                 | LCB Enterprise, LLC                                                                                                                                                                                  | Co                                                                            | urier Service                                                              |           | IN:                                                            |                    |  |  |
|                                                 |                                                                                                                                                                                                      |                                                                               |                                                                            | F         | rom-To 2008 - to present                                       |                    |  |  |

**Care Services** 

EIN:

From-To 2018 - to present

A Place Called Home, LLC

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| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financia institutions, creditors, or other parties. |             |  |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|--|
|     | ■ No □ Yes. Fill in the details below.                                                                                                                                            |             |  |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)                                                                                                                           | Date Issued |  |  |  |

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| Part 12: Sign Below                               |                                                                                                                                                                                             |                                         |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| are true and correct. I understand that mak       | of Financial Affairs and any attachments, and I declare und<br>king a false statement, concealing property, or obtaining mo<br>up to \$250,000, or imprisonment for up to 20 years, or both | oney or property by fraud in connection |
| /s/ Lisa M. Brown-Campbell                        |                                                                                                                                                                                             |                                         |
| Lisa M. Brown-Campbell<br>Signature of Debtor 1   | Signature of Debtor 2                                                                                                                                                                       |                                         |
| Date March 26, 2019                               | Date                                                                                                                                                                                        |                                         |
| Did you attach additional pages to <i>Your St</i> | tatement of Financial Affairs for Individuals Filing for Bankr                                                                                                                              | uptcy (Official Form 107)?              |
| ■ No                                              |                                                                                                                                                                                             |                                         |
| □ Yes                                             |                                                                                                                                                                                             |                                         |
| Did you pay or agree to pay someone who           | is not an attorney to help you fill out bankruptcy forms?                                                                                                                                   |                                         |
| ■ No                                              |                                                                                                                                                                                             |                                         |
| ☐ Yes. Name of Person Attach the E                | Bankruptcy Petition Preparer's Notice, Declaration, and Signatur                                                                                                                            | re (Official Form 119).                 |

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## United States Bankruptcy Court Eastern District of Virginia

| In re | Lisa M. Brown-Campbell |           | Case No. | 19-31604 |
|-------|------------------------|-----------|----------|----------|
|       |                        | Debtor(s) | Chapter  | 13       |

|    | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  IN A CHAPTER 13 CASE  (for use in the Richmond Division only)                                                                                                                                                                                                           |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:               |
|    | For legal services, I have agreed to accept \$ 5,296.00                                                                                                                                                                                                                                                                    |
|    | Prior to the filing of this statement I have received \$ 1,165.00                                                                                                                                                                                                                                                          |
|    | Balance Due \$ <b>4,131.00</b>                                                                                                                                                                                                                                                                                             |
| 2. | \$310.00 of the filing fee has been paid.                                                                                                                                                                                                                                                                                  |
| 3. | The source of the compensation paid to me was:                                                                                                                                                                                                                                                                             |
|    | ■ Debtor □ Other (specify)                                                                                                                                                                                                                                                                                                 |
| 4. | The source of compensation to be paid to me is:                                                                                                                                                                                                                                                                            |
|    | ■ Debtor □ Other (specify)                                                                                                                                                                                                                                                                                                 |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.                                                                                                                                                                                 |
|    | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.                                                                    |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, as required by Local Bankruptcy Rule 2016-1(C)(3).                                                                                                                                                    |
| 7. | I am electing to request compensation and reimbursement of expenses in this case:                                                                                                                                                                                                                                          |
|    | a. ■ In accordance with the "no-look" fee set forth in Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a).                                                                                                                                                                                                                |
|    | b. $\square$ By submitting applications for compensation in the manner set forth in Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).                                                                                                                                                                                             |
|    | An attorney for the debtor that fails to make the election to request compensation pursuant to Local Bankruptcy Rule $2016-1(C)(1)(a)$ and $(C)(3)(a)$ at the commencement of the case will be deemed to have elected to request compensation in the manner set forth within Local Bankruptcy Rule $2016-1(C)(1)(c)(ii)$ . |
|    |                                                                                                                                                                                                                                                                                                                            |

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CERTIFICATION

| I certify that the foregoing is an accurate state | ment of any agreemen | t or arrangement for payment | t to me for representation of | of the debtor(s) in |
|---------------------------------------------------|----------------------|------------------------------|-------------------------------|---------------------|
| this bankruptcy proceeding.                       |                      |                              |                               |                     |

| March 26, 2019 | /s/ Ellen P. Ray      |
|----------------|-----------------------|
| Date           | Ellen P. Ray 32286    |
|                | Signature of Attorney |

**Main Street Law Offices** 

Name of Law Firm 1701 W. Main Street Richmond, VA 23220 804-355-1800 Fax: 804-355-1700

# NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

| March 26, 2019 | /s/ Ellen P. Ray      |
|----------------|-----------------------|
| Date           | Ellen P. Ray 32286    |
|                | Signature of Attorney |
|                |                       |

| Fill in this information to identify your case: |                                                                      |  |  |  |
|-------------------------------------------------|----------------------------------------------------------------------|--|--|--|
| Debtor 1                                        | Lisa M. Brown-Campbell                                               |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 |                                                                      |  |  |  |
| United States B                                 | United States Bankruptcy Court for the: Eastern District of Virginia |  |  |  |
| Case number<br>(if known)                       | 19-31604                                                             |  |  |  |

| Check | Check as directed in lines 17 and 21:                                |  |  |
|-------|----------------------------------------------------------------------|--|--|
| 1     | According to the calculations required by this Statement:            |  |  |
|       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |
|       | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |
|       | 3. The commitment period is 3 years.                                 |  |  |
|       | 4. The commitment period is 5 years.                                 |  |  |

☐ Check if this is an amended filing

#### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part     | 1: Calculate Your Average Monthly Income                                                                                                                                                                                                                    |                                                                                     |                                                  |                                                                                |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------|
| 1.       | What is your marital and filing status? Check one                                                                                                                                                                                                           | only.                                                                               |                                                  |                                                                                |
|          | ■ Not married. Fill out Column A, lines 2-11.                                                                                                                                                                                                               |                                                                                     |                                                  |                                                                                |
|          | ☐ Married. Fill out both Columns A and B, lines 2-11                                                                                                                                                                                                        | 1.                                                                                  |                                                  |                                                                                |
| 10<br>th | Il in the average monthly income that you received from a<br>11(10A). For example, if you are filing on September 15, the 6<br>e 6 months, add the income for all 6 months and divide the to<br>ouses own the same rental property, put the income from tha | 6-month period would be March 1 thro<br>otal by 6. Fill in the result. Do not inclu | ough August 31. If the amude any income amount m | ount of your monthly income varied during nore than once. For example, if both |
|          |                                                                                                                                                                                                                                                             |                                                                                     | Column A Debtor 1                                | Column B Debtor 2 or non-filing spouse                                         |
| 2.       | Your gross wages, salary, tips, bonuses, overtime payroll deductions).                                                                                                                                                                                      | e, and commissions (before all                                                      | \$                                               | \$                                                                             |
| 3.       | <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.                                                                                                                                                                              | de payments from a spouse if                                                        | \$0.00                                           | \$                                                                             |
| 4.       | All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househo and roommates. Do not include payments from a spo you listed on line 3.                                 | ort. Include regular contributions old, your dependents, parents,                   | \$ 500.00                                        | \$                                                                             |
| 5.       | Net income from operating a business, profession, or farm                                                                                                                                                                                                   | Debtor 1                                                                            |                                                  |                                                                                |
|          | Gross receipts (before all deductions) \$                                                                                                                                                                                                                   | 5,666.67                                                                            |                                                  |                                                                                |
|          | Ordinary and necessary operating expenses -\$                                                                                                                                                                                                               | 2,625.00                                                                            |                                                  |                                                                                |
|          | Net monthly income from a business, profession, or farm \$                                                                                                                                                                                                  | Copy<br>3,041.67 here ->                                                            | 3,041.67                                         | \$                                                                             |
| 6.       | Net income from rental and other real property                                                                                                                                                                                                              | Debtor 1                                                                            |                                                  |                                                                                |
|          | Gross receipts (before all deductions)                                                                                                                                                                                                                      | \$ 0.00                                                                             |                                                  |                                                                                |
|          | Ordinary and necessary operating expenses                                                                                                                                                                                                                   | -\$ <u>0.00</u>                                                                     |                                                  |                                                                                |
|          | Net monthly income from rental or other real property                                                                                                                                                                                                       | y \$ 0.00 Copy here -:                                                              | >\$ 0.00                                         | \$                                                                             |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Lisa M. Brown-Campbell 19-31604 Case number (if known) Debtor 1 Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. **Babysitting** 260.00 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 3.801.67 +|\$ 3,801.67 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 3,801.67 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 3,801.67 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 3,801.67 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 45,620.04 15b. The result is your current monthly income for the year for this part of the form.

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| Debt | or 1  | Lisa      | M. Brown-Campbell                                                                                                                       |                                               | Case number (if known)                                               | 19-31604                            |
|------|-------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|-------------------------------------|
| 16   | . Cal | culate    | the median family income that applies to                                                                                                | ou. Follow these ste                          | os:                                                                  |                                     |
|      | 16a   | . Fill in | the state in which you live.                                                                                                            | VA                                            |                                                                      |                                     |
|      | 16b   | . Fill in | the number of people in your household.                                                                                                 | 5                                             |                                                                      |                                     |
|      |       |           | the median family income for your state and                                                                                             | ·                                             |                                                                      | ¢ 111,151.00                        |
|      |       | To fin    | d a list of applicable median income amounts ctions for this form. This list may also be ava                                            | s, go online using the                        |                                                                      | Ψ                                   |
| 17   | . Ho  |           | e lines compare?                                                                                                                        | iable at the ballitapit                       | y didnike dililde.                                                   |                                     |
|      | 17a   | . ■       | Line 15b is less than or equal to line 16c. 0<br>11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N                                      |                                               | · · · · · · · · · · · · · · · · · · ·                                |                                     |
|      | 17b   | . 🗆       | Line 15b is more than line 16c. On the top 1325(b)(3). <b>Go to Part 3 and fill out Calc</b> your current monthly income from line 14 a | ulation of Your Dispo                         |                                                                      |                                     |
| Par  | t 3:  | Cal       | culate Your Commitment Period Under 11                                                                                                  | U.S.C. § 1325(b)(4)                           |                                                                      |                                     |
| 18.  | Cop   | y your    | total average monthly income from line 1                                                                                                | 1.                                            |                                                                      | \$\$                                |
| 19.  | con   | tend tha  | e marital adjustment if it applies. If you are<br>at calculating the commitment period under 1<br>acome, copy the amount from line 13.  | married, your spouse<br>1 U.S.C. § 1325(b)(4) | e is not filing with you, and you<br>allows you to deduct part of yo | pur                                 |
|      | 19a   | . If the  | marital adjustment does not apply, fill in 0 on                                                                                         | line 19a.                                     |                                                                      | -\$0.00                             |
|      | 19b   | . Subtr   | act line 19a from line 18.                                                                                                              |                                               |                                                                      | \$3,801.67                          |
| 20.  | Cal   | culate    | your current monthly income for the year.                                                                                               | Follow these steps:                           |                                                                      | 2 004 67                            |
|      | 20a   | . Copy    | line 19b                                                                                                                                |                                               |                                                                      | \$\$                                |
|      |       | Multip    | bly by 12 (the number of months in a year).                                                                                             |                                               |                                                                      | <b>x</b> 12                         |
|      | 20b   | . The re  | esult is your current monthly income for the y                                                                                          | ear for this part of the                      | form                                                                 | \$ 45,620.04                        |
|      | 20c   | . Сору    | the median family income for your state and                                                                                             | size of household from                        | m line 16c                                                           | \$ <u>111,151.00</u>                |
|      | 21.   | How       | do the lines compare?                                                                                                                   |                                               |                                                                      |                                     |
|      |       |           | ine 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.                                                           | se ordered by the cou                         | ırt, on the top of page 1 of this f                                  | form, check box 3, The commitment   |
|      |       |           | Line 20b is more than or equal to line 20c. Ur<br>commitment period is 5 years. Go to Part 4.                                           | lless otherwise ordere                        | ed by the court, on the top of pa                                    | ge 1 of this form, check box 4, The |
| Par  | t 4:  | Sig       | n Below                                                                                                                                 |                                               |                                                                      |                                     |
|      | By s  | signing   | here, under penalty of perjury I declare that                                                                                           | he information on this                        | statement and in any attachme                                        | ents is true and correct.           |
| )    |       |           | M. Brown-Campbell                                                                                                                       |                                               |                                                                      |                                     |
|      |       |           | Brown-Campbell of Debtor 1                                                                                                              |                                               |                                                                      |                                     |
|      | Date  |           | ch 26, 2019                                                                                                                             |                                               |                                                                      |                                     |
|      | If yo |           | ked 17a, do NOT fill out or file Form 122C-2.                                                                                           |                                               |                                                                      |                                     |
|      | If yo | ou chec   | ked 17b, fill out Form 122C-2 and file it with                                                                                          | this form. On line 39 c                       | of that form, copy your current n                                    | nonthly income from line 14 above.  |

Debtor 1 Lisa M. Brown-Campbell

Case number (if known)

19-31604

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 09/01/2018 to 02/28/2019.

#### Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: Mother's Monthly Contribution

Income by Month:

| 6 Months Ago: | 09/2018            | \$500.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 10/2018            | \$500.00 |
| 4 Months Ago: | 11/2018            | \$500.00 |
| 3 Months Ago: | 12/2018            | \$500.00 |
| 2 Months Ago: | 01/2019            | \$500.00 |
| Last Month:   | 02/2019            | \$500.00 |
|               | Average per month: | \$500.00 |

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: A Place Called Home, LLC

Income/Expense/Net by Month:

|               | Date               | Income     | Expense                     | Net        |
|---------------|--------------------|------------|-----------------------------|------------|
| 6 Months Ago: | 09/2018            | \$7,000.00 | \$4,350.00                  | \$2,650.00 |
| 5 Months Ago: | 10/2018            | \$5,000.00 | \$1,850.00                  | \$3,150.00 |
| 4 Months Ago: | 11/2018            | \$5,000.00 | \$2,000.00                  | \$3,000.00 |
| 3 Months Ago: | 12/2018            | \$5,000.00 | \$2,050.00                  | \$2,950.00 |
| 2 Months Ago: | 01/2019            | \$5,000.00 | \$1,850.00                  | \$3,150.00 |
| Last Month:   | 02/2019            | \$7,000.00 | \$3,650.00                  | \$3,350.00 |
|               | Average per month: | \$5,666.67 | \$2,625.00                  |            |
|               |                    |            | Average Monthly NET Income: | \$3,041.67 |

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: **LCB Enterprises** Income/Expense/Net by Month:

|               | Date               | Income | Expense                     | Net    |
|---------------|--------------------|--------|-----------------------------|--------|
| 6 Months Ago: | 09/2018            | \$0.00 | \$0.00                      | \$0.00 |
| 5 Months Ago: | 10/2018            | \$0.00 | \$0.00                      | \$0.00 |
| 4 Months Ago: | 11/2018            | \$0.00 | \$0.00                      | \$0.00 |
| 3 Months Ago: | 12/2018            | \$0.00 | \$0.00                      | \$0.00 |
| 2 Months Ago: | 01/2019            | \$0.00 | \$0.00                      | \$0.00 |
| Last Month:   | 02/2019            | \$0.00 | \$0.00                      | \$0.00 |
| _             | Average per month: | \$0.00 | \$0.00                      |        |
|               |                    |        | Average Monthly NET Income: | \$0.00 |

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| Debtor 1 | Lisa M. Brown-Campbell | Case number (if known) | 19-31604 |
|----------|------------------------|------------------------|----------|
|          |                        |                        |          |

#### Line 10 - Income from all other sources

Source of Income: Babysitting

Income by Month:

| 6 Months Ago: | 09/2018            | \$260.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 10/2018            | \$260.00 |
| 4 Months Ago: | 11/2018            | \$260.00 |
| 3 Months Ago: | 12/2018            | \$260.00 |
| 2 Months Ago: | 01/2019            | \$260.00 |
| Last Month:   | 02/2019            | \$260.00 |
|               | Average per month: | \$260.00 |
|               |                    |          |

#### Non-CMI - Social Security Act Income

Source of Income: SSI Death Benefit for Son

Income by Month:

| 6 Months Ago: | 09/2018            | \$753.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 10/2018            | \$753.00 |
| 4 Months Ago: | 11/2018            | \$753.00 |
| 3 Months Ago: | 12/2018            | \$753.00 |
| 2 Months Ago: | 01/2019            | \$774.00 |
| Last Month:   | 02/2019            | \$774.00 |
|               | Average per month: | \$760.00 |